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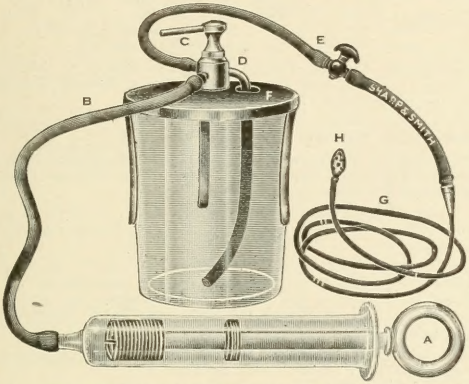

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A PROVING OF INDOL: WITH SPECIAL REFERENCE TO ITS RELATION TO THE EXCRETION OF INDICAN IN THE URINE*

By William B. Griggs, M. D., Philadelphia, Pa.

A great deal has been said during the last few years regarding the presence of indican in the urine, and a great deal has been written on the subject of intestinal putrefaction as being the result of the decomposition of the protein material. This also has been the subject of a great deal of discussion along the lines of autointoxication. The prominence that many clinicians have given to the subject of intestinal putrefaction has prompted the writer to import some indol from Merck's Pharmacy at Darmstadt, Germany, and begin a proving of it upon volunteer students in the Constantine Hering Laboratory at the Hahnemann Medical College, Philadelphia, in order to determine whether indol, in the dynamic form, would produce in the healthy subject the symptoms incident to the clinical findings when indol is present to excess in the urine.

Putrefactive processes in the intestines are the result of the action of bacteria upon the protein material present. This bacterial action, which is the result of the combined efforts of many forms of microörganisms, is confined almost exclusively to the large intestine. Some of the products of the putrefaction of proteins are identical with those found in tryptic digestion, although the decomposition of the protein material is much more extensive when subjected to putrefaction. Some of the more important of these putrefaction products are the following:—indol, skatol, paracresol, phenol, para-oxy-phenyl-

*Bureau of Materia Medica, A. I. H., June 26, 1916, Baltimore.

proprionic acid, volatile fatty acids, hydrogen sulphid, methane, and carbondioxid; besides peptones, ammonia and the amino-acids.

Indol is a derivative of the tryptophan complex, skatol-amino-acetic acid. Structurally it is closely related to indigo; and, according to Nence, this transformation may be effected by the action of ozone. Conversely, indigo may be transformed into indol by reduction. From the albumins, the substance can also be obtained by fusion with potassium hydroxid. [Merck.]

The greater part of the indol that is formed in the large intestine is no doubt eliminated in the feces. A certain amount, however, is absorbed, and, after oxidation of the indoxyl, appears in the urine in combination with sulphuric acid as so-called indican. If large quantities are formed, a variable fraction is further eliminated in the urine as indoxyl, compound of glycuronic acid.

The following students were carefully examined physically before taking the drug, which was administered in the sixth centesimal dilution:—Messrs. Pilgram, Powell, Mills, Goeckler, Hawn, Mast and Parsons. These men were under my personal supervision for at least sixteen weeks, and developed the following symptoms in common, the control men being negative as to symptoms in every sense:

(Provers' language used.)

General Action. There was a stupid feeling in the morning, with a discontented mental condition; then restlessness and the desire to be walking. A sensation of aching was felt through the head and the entire body. Later, there was experienced a "dull, don't care feeling"; and in one man, who was irritable and did not like to be teased, there was first an exhilaration, a diametrically opposite state of mind, and he was not easily "peeved." He afterwards became depressed, had no ambition, could not concentrate his mind on anything, and grew desperately irritable.

On waking in the morning, there was felt a continued desire to sleep. I may call it a persistent desire for sleep, even after a good night's rest. On continuing to take the drug, one of the men would fall asleep as soon as he sat down in the lecture-room. Later, he felt so tired that he absented himself from laboratory work in order that he might go home and go to sleep. He had a desire to sleep all the

time; and upon waking, he felt miserable. He developed a state of drowsiness similar to that caused by morphin.

Towards the last of the proving, quite marked nerve symptoms developed. In one man, there was a desire to crack his fingers all the time and inability to keep his fingers still. On almost any occasion, he would laugh at trivial things. There was a jerking of the muscles of the lower jaw and neck.

Two of the provers had hideous delusions. On waking, they believed that they were being operated on, and shuddered at the thought that the knife was touching them. Later, they developed a continual desire to keep their fingers and feet moving. Accompanying all this, there was a throbbing of the blood vessels in the neck.

The Head. At first, an occipital headache was experienced, extending to the frontal area. It was dull and numb in character, occurring mostly in the afternoon, and lasting throughout the evening. This symptom was developed by almost all the provers. There was an aching feeling all through the head, with pain in the frontal region, accompanied with nausea, which disappeared as the headache cleared up. There was a marked dull sensation in the frontal region, immediately over the eyes. This was relieved by walking in the fresh air. This particular symptom was present for days in succession. The headache occurred time and again during the proving, and was always relieved in the same manner. There was also headache developing in the evening, with a depressed feeling and inability to study. In one prover, after contracting a cold, the entire head felt sore when touched or jarred. There was also ringing in the right ear.

Sleep. Sleepiness, mostly in the daytime, developed in the beginning of the proving; and most of the provers noticed it coming on about noontime, particularly during their recreation hour. Later, it was present at all times. At night, there was continuous dreaming, persisting as long as the drug was continued. The dreams were pleasant in character and easily remembered. The prover who developed influenza had most terrifying dreams about snakes.

Face and Eyes. The eyeballs felt hot, and hurt when moved. In fact, there was a great deal of suffering on moving the eyeballs. Redness and soreness of the eyes also occurred, with frontal headache. In one prover there developed a persistent dilatation of the pupils. This lasted as long as the

frontal headache continued, and both symptoms became markedly worse as the proving progressed.

The Mouth. In the first part of the proving, there developed a bad, foul taste in the mouth, with the tongue coated a brownish white. There was a peculiar foul, fecal odor to the breath.

The Stomach. The early symptoms developed were a full feeling in the stomach and a general full sensation, which extended up into the esophagus, but was not at all uncomfortable. It was even accompanied with a feeling of exhilaration, just as though the patient had had a large, substantial meal. This continued, off and on, throughout the first day. The next day, it was accompanied with occipital headache. Later, in the evening, a bloated sensation appeared. This became more and more noticeable as the proving was pushed, until it finally became very marked. It was usually worse at night.

A prominent symptom that developed and persisted was a hungry sensation after eating a full meal. The prover was not satisfied by eating, no matter how much he ate. He would feel very hungry again, a short time after leaving the table. After this inordinate appetite had persisted for a week or ten days, there developed a peculiar thirst, which could not be satisfied, even though the amount of fluid ingested caused distress.

The Urinary Organs. At first, the provers passed more urine than usual; and then they urinated much more frequently than normally was the case. This was particularly noticeable in the evening, while studying. The smallest amount of urine was sufficient to irritate the bladder to such an extent as to cause a desire to pass water.

The provers had twenty-four hour specimens of their urine examined for thirty-one days. During this time, they were on a rigid diet with restricted proteins. Mr. Goeckler, who acted as the control, showed practically no variation from the normal excretion of urine on any day during the test. His urine was never examined by himself, and he did not know that he was the control.

Mr. Hawn, Mr. Mast and Mr. Paxon all showed an increase in the specific gravity, 1,023 plus; acidity, 30-51; solids, 52-58; quantity, 750-1,065; showing a trifle of scantiness; urea, 20-22.5; indican, in the beginning of the proving, *excessive* in nearly all the provers. In the latter weeks, it was reduced to

a trace or to normal. This shows that the primary action of indol in the human economy is to increase the elimination of indican. It had no effect upon the earthy phosphates, sugar, acetone or albumin, and did not seem to produce any particular disturbance in the kidney function.

Rectum and Stool. At first, indol produced constipation. The stools were light gray or greenish brown, and were difficult to pass. Later, more severe constipation occurred, with stools hard, dry and light in color. The bowels would not move until they felt so bloated that they could hold no more; and then there were several small movements of dry, hard feces only. This is the language of one of the provers, and it describes the actual condition as it existed.

Towards the last part of the proving, the stools became more nearly normal. There was a large amount of gas in the stomach and intestines, passing both by the mouth and the anus. It usually formed in the evening. The constipation had in frequent association with it a peculiar light, swimming sensation in the head, probably due to a mild intoxication. In fact, one prover said that he could not distinguish his sensations from those produced by a mild intoxication with alcohol. Free catharsis relieved this feeling promptly.

Respiratory Organs. Towards the last of the proving two of the men developed acute symptoms like those of influenza. There was first a feeling of aching all over; and then a thick mucous discharge from the nose occurred, with a feeling of chilliness accompanied with sneezing. These men had no temperature, and the symptoms were evidently the result of taking the indol. They described their sensations at times as "a broken-up, grippy feeling."

Extremities. One of the patients felt very tired and sore in the lower limbs. The feet burned all day long, and the condition became so aggravated that relief was sought by removing the shoe. The burning of the feet persisted for at least ten days of the proving, and the right foot became quite swollen and painful. The knee joints became so sore and tired that simply standing on the feet aggravated that condition.

Another prover reported that his legs were sore, especially at the knees. There was pain at the calf, and also in the ball of the great toe of the right foot.

The Skin. In one case, the skin on the left leg became dry and rough, and peeled off; in areas on the right foot below

the ankle, it cracked and became sore. One prover, before commencing with the drug, reported an eruption on his body, which became very much irritated and itchy after taking violent exercise or from heat. He reports this eruption to be slowly, but surely disappearing, and his general health wonderfully improved.

I will now supplement this proving with several clinical cases, showing the successful use of indol. Failures are not reported, because I wish to exploit the clinical place for indican. I believe that there is a great deal more to be developed from this substance, and I will ask the profession to put it to the test and publish their failures to the world. Only by this means of confirming and corroborating the important symptoms can we properly utilize this substance, which seems to cause so much distress when it exists to excess in the human organism. The following cases cover a period of more than two years.

Case I. (1915.) Miss O. X., a student in the high school, for more than six months had been subject to dull headaches, usually worse in the morning and at the menstrual period. She seemed depressed in spirits at times; but this depressed state was broken at intervals by periods of happiness, and even hilarity. She had a dull backache, and her appetite was capricious. She was never rested, and her bowels were constipated. There were frequent eructations, languor and drowsiness. No marked degree of anemia was noted. Every afternoon, on returning from school, she would have to lie down, on account of excessive drowsiness. After supper, she could hardly sit up to study the next day's lessons.

After the failure of several remedies to produce any effect, with the exception of the free elimination treatment, this patient was finally put on indol in the sixth potency, with the result that in ten days she developed severe urticaria, which necessitated her going to bed. As the urticaria cleared up, the drowsiness increased; and she slept for nearly forty-eight hours. When she finally awoke, she was feeling better—better than she had felt for months before; and from this time on, her color improved, her appetite became more normal, her backache disappeared gradually, and her headaches and lassitude cleared up. Her weight also increased, and her physical condition markedly improved.

Case II. The patient was a baby girl, two years and a half

old. This child's environment was poor, it being a social service case. She had had spells of extreme irritability, with occasional attacks of vomiting without apparent cause, strongly resembling cyclic vomiting. She was always hungry. The bowel movements were dark or variable in color, coming in small, hard balls, and very offensive. The skin was rough, with the occasional development of a toxic rash.

After going the rounds of several prescriptions, I finally decided to try indol; with the result that in the course of two weeks the child had absolutely normal stools. The irritability ceased. The languor and sleepiness entirely cleared up, and the child has remained in apparently perfect health.

Case III. The patient was a corpulent woman of about sixty years of age, who complained of severe intestinal indigestion. She was puffed up and bloated. She was excessively irritable and drowsy. For a year back, she had been unable to sit up for one hour a day without falling to sleep over her work. She would awake occasionally at night with a dry, parched mouth. She had a bad taste in her mouth, and an offensive odor to her breath. The bowels were constipated. A great deal of drowsiness occurred while sitting, relieved by walking fast in the open air. There was a sense of intoxication. A small, acuminate, itchy rash appeared over the abdomen.

This woman presented many other symptoms of a minor character; but the excessive drowsiness and the dry, foul mouth were the most characteristic. She had received nux moschata, sulphur, opium and baptisia, with no result. Indol, in the sixth potency, was administered every two hours, with the result that the excessive sleepiness completely disappeared and the foul mouth cleared up.

Case IV. This case was in a freshman student in Hahnemann Medical College, Philadelphia, who was sent to me by Dean Pearson. This young man, while examining his urine, in the laboratory of the College, discovered an excessive precipitate of indican. Finding that he was distressed about this, the Dean sent him to me.

Without any change of diet, I prescribed indol in frequent doses, with the result that the indican completely disappeared from the urine, which was examined by the Dean each day. Within two weeks, after taking indol, this young man's gen-

eral health improved, and he remained well while under my observation for five months subsequently.

Indol is no panacea for cases of indicanuria. It can be curative only when the symptoms agree according to the law of similars, but I believe that in this new substance we have a valuable agent for many of these cases of autointoxication that are the result of various forms of intestinal putrefaction.

Discussion

Dr. W. H. Hanchette, Sioux City, Iowa: This is a splendid proving that Dr. Griggs has given us. He has done this proving systematically and so well that the profession may have confidence in it. I have a hobby regarding these provings, and once belonged to a class myself. Dr. Griggs has verified his provings by taking a sufficiently large class to make these symptoms quite reliable. When he gets that universal symptom in all the provers, this drowsiness, this dullness peculiar to this drug, it makes it an important symptom; however, we all know who have attended medical lectures, that a student might go to sleep in class anyway, whether he was having a proving of a drug done or not, so to make these provings reliable they must be uniform among the students who are taking the proving. Personally I feel that any drug should be given in sufficient quantities so that you could feel that it was the drug that produced the symptoms. It seems to me that the manner in which the Doctor has made this proving shows that it has been very carefully and scientifically done.

Dr. Edwin Lightner Nesbit, Bryn Mawr, Penna.: This is an excellent proving that Dr. Griggs has reported, and should be of practical value to the man at the bedside. The actual value of any proving, however, must always depend upon the verification of the phenomena reported. This is purely a question of technic. The previous speaker has just discussed the necessity of having a sufficient number in order to check up one against the other. I would be inclined to take issue with him as to that point in technic; this chiefly by virtue of the fact that every individual is functionally and organically unique—whether he be engaged in proving a drug or otherwise. He becomes thereby a law unto himself. In order to verify our provings it becomes necessary to check up any exhibitions of symptoms while the prover is under the influence of an experimental drug against such symptoms as *HE* might have presented prior to taking the drug and for some time after ceasing to do so. In effect, he must be checked up against himself rather than against some other individual.

Then, too, there are certain groups of factors which are always operating to influence the course of these symptoms. There are those which are beyond the control of the prover entirely,—such as atmospheric temperature and barometric changes. On the other hand, there are some which are partially under control, such as personal respiratory and pulse rate, temperature range, blood pressure and body weight, food ingested and excreted, liquid intake and output, and daily sleep re-

quired. For instance, the gastroenteric symptoms depend primarily upon several of these intrinsic factors.

It is of the most vital importance that the homœopathic school as such develops a drug-proving technic that will withstand any scientific criticism. In order to accomplish this, it is necessary that we also have a standard form for recording drug-effects and a uniform nomenclature. From my personal experience I believe that these technical features of drug-proving are of primary and imperative importance.

Dr. Rabe, New York: The points given are most important points and well taken. Dr. Griggs is to be highly congratulated upon the presentation of so able and scientific a proving. Those of us who have engaged in the proving of drugs know how difficult it is to conduct these provings,—not only with the accuracy emphasized by Dr. Nesbit, but likewise the importance of checking up the antecedent history of each prover and comparing that antecedent history with the history of the same prover during the course of the proving. In New York I conducted a proving some time ago and that point was emphasized because I saw there that some of the symptoms produced were the product of a highly imaginative mind, oftentimes purely hysterical, and of course such symptoms we are obliged to eliminate from the record, but the difficulty lies in being able to recognize those which are genuine and those which are not.

In this proving it seems that there were controls, and those controls are of great importance in the carrying out of such a proving. I think we have here a remedy which will prove of great value.

Dr. Griggs (closing the discussion): The students who took part in this proving were thoroughly and carefully examined day by day and records taken two or three weeks before they took the medicine.

It is not a question of dose entirely in the proving of a drug; the provings were conducted along scientific lines and the students were examined carefully day by day, and I give it to you simply for what it is worth, and all I can say is to put it to the test and publish your failures to the world.

Antidote for Bichloride Poisoning.—The credit for discovering an antidote for bichloride poisoning belongs to Dr. J. H. Wilms, of Cincinnati, Ohio.

The treatment is very simple and practically all physicians have on hand all the apparatus necessary for its administration. The remedy, calcium sulphide, is given intravenously, grain for grain of the poison taken. One grain of calcium sulphide to one ounce of water is the strength of the solution used. It should be boiled and filtered before use. Following the intravenous injection the remedy is given by mouth, in from one to five grain doses, every hour until convalescence is established.

This treatment has been followed in human beings with the happiest results. It goes without saying that treatment should begin at the earliest possible moment after the poison has been taken. The results obtained indicate that recovery may be expected to occur even after forty-eight hours have elapsed between the taking of the poison and the beginning of the treatment.—*Cincinnati Bd. of Health Bulletin.*

HAHNEMANN'S HOMŒOPATHY*

By John P. Sutherland, M. D., Boston, Mass.

What is Homœopathy?

What did Hahnemann mean when he used the word?

Did Hahnemann often make use of the word Homœopathy?

Is Homœopathy a Science or is it an Art?

It is my purpose briefly to review Hahnemann's ideas on the general subject expressed in these questions in the hope that some of the more or less prevalent misunderstandings may be illuminated and possibly removed. It is certainly desirable that homœopathists should be unanimous in their opinions concerning the position of Homœopathy among the arts and sciences and should possess also a clear idea of Hahnemann's opinions. Hahnemann has spoken clearly, very definitely and with much positiveness in his writings, and it would seem scarcely possible to misunderstand him. I imagine that if his followers were more thoroughly familiar with his writings there would be greater certainty concerning Homœopathy's position among the practical affairs of life, and greater possibilities of securing for Homœopathy the universal recognition which it merits.

First of all let me ask when and where Hahnemann first used the word homœopathy? It would help us very materially to be able to state just when it was first used. I have not been able to answer this question to my own satisfaction. Reference to his writings will show that he did not use it very frequently. Nevertheless it is a demonstrable fact that the *idea* of homœopathy, or of similars, first occurred to Hahnemann when he was attempting to explain the febrifuge action of cinchona, and the idea resulted from his initial proving of the drug in his own person. He says in reporting his experiences, "All the old symptoms with which I was familiar in ague appeared one after another. Also, those particularly characteristic symptoms which I was wont to observe in agues . . . . all put in an appearance." (Hughes' "Principles and Practice of Homœopathy," p. 4.) The first plain and explanatory statement concerning homœopathy offered by Hahnemann which I have been able to find, however, is in his wonderful "Essay on a new Principle for Ascertaining the Curative Powers of Drugs" (Lesser Writings, p. 256), written in 1796, where he says *"Every*

*Read before the Bureau of Homœopathy, A. I. H., June 27, 1916, Baltimore.

powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiar, marked and violent the disease.

"*We should imitate nature*, which sometimes cures a chronic disease by superadding another, *and employ in the* (especially chronic) *disease we wish to cure that medicine which is able to produce another very similar artificial disease* and the former will be cured; *similia similibus.*" This essay of 55 pages gives some evidence of the work Hahnemann had been doing during the six years since he had translated Cullen's "Materia Medica." It is rich with suggestion and contains very numerous references to similarity of action between drug and disease (symptom-similarity), but nowhere in the essay is the word "homœopathy" used.

Naturally if we want to know what Hahnemann's views were concerning homœopathy we turn to the "Organon," because this work summarizes in a marvelously condensed, clear, logical and unmistakable way his matured conceptions and settled convictions. But we must bear in mind the fact that this important work is accessible to most of us only in the English translations, of which there have been several, the most noted being that by R. E. Dudgeon and the one by Conrad Wesselhoeft. We must remember also that in the course of twenty-three years, during which time five editions of the work were printed, Hahnemann was patiently continuing his literary studies; heroically and enthusiastically pursuing his investigations in drug-pathogenesy by "provings" on himself, his family, his friends and pupils; and scrupulously analyzing his accumulating experiences with his newly developed system of practice. Therefore, the last edition, which appeared in 1833, contains many statements, conclusions and opinions not found in the first edition of 1810. Concerning this first edition I wish to call your special attention to a fact which has not, I think, been appreciated at anywhere near its real significance, viz., that only two or three years ago there appeared a fresh translation by Dr. C. E. Wheeler of London, as a volume of the popular "Everyman's Library." A year or so later the book was to be had in this country and it seems to me a duty for every homœopathic physician to have a copy and to familiarize himself thoroughly with its contents.[1]

[1] "Organon of the Rational Art of Healing," by Samuel Hahnemann. London: J. M. Dent & Sons, Ltd., and New York: E. P. Dutton & Co.; Everyman's Library, translated by C. E. Wheeler, M. D.

These three translations I have examined with the idea of finding out what use Hahnemann made of the word "homœopathy" and its derivatives. The results of my search may be summarized as follows.[2] In Wheeler's translation of the first edition we find that

"homœopathic" is used 56 times,

"non-homœopathic" is used once,

"homœopathically" is used 17 times,

"homœopathicity" is used twice (in paragraphs 125 and 244) and it should have been used in paragraph 177 in place of the word "homœopathy" which occurs evidently by mistake. This would have made three uses of the word "homœopathicity."

The word "homœopathy" occurs but twice, and in one of these times, in paragraph 177, as just noted, it is used by mistake. Thus in paragraph 199 is to be found the one and only use in the text proper of this edition of the "Organon" of the word "homœopathy." The paragraph reads, "No other diseases require any special directions for their cure. They obey, all of them, the eternal law of homœopathy, to which there is no exception."

In paragraph 177 we read, "The rational cure of all such diseases depends entirely on the internal administration of a medicinal force, suitably adapted by its homœopathy to the whole symptom-complex . . . ." Evidently "homœopathicity" should have been used here instead of "homœopathy."

In Dudgeon's translation of the fifth edition (twenty-three years having elapsed since the first edition was published), we find the following uses of the noun "homœopathy," or its derivatives:

"homœopathic" occurs 124 times,

"unhomœopathic" occurs 5 times,

"homœopathically" occurs 34 times,

"homœopathicity" occurs 2 times, and

"homœopathy" occurs twice (paragraphs 76 and 186; and it is interesting to note that in paragraph 186 of the Wesselhoeft translation we find in what seems much choicer phraseology "homœopathic treatment" instead of Dudgeon's "homœopathy"). The word "homœopathy," therefore, is used but twice by Dudgeon, and its derivatives 165 times.

[2] Reference is made only to the text itself; the numerous explanatory notes of author and translator are not included in the summary.

In Wesselhoeft's translation of the fifth edition we find the word

"homœopathic" used 132 times,
"unhomœopathic" is found 5 times,
"non-homœopathic" is found once,
"homœopathically" is found 16 times, and
"homœopathicity" is not used at all; while
"homœopathy" is used five times, a total of 159 against Dudgeon's 167. In paragraphs 53 and 54 Dudgeon makes use of the adjective "homœopathic" in place of Wesselhoeft's noun "homœopathy." In paragraph 205, Wesselhoeft introduces the word "homœopathy" for the sake of simplicity, and to break up one of Hahnemann's long sentences of 22 lines which Dudgeon heroically undertakes to render quite literally. In paragraph 269, Wesselhoeft briefly and euphoniously says, "To serve the purposes of homœopathy . . .", where Dudgeon says "The homœopathic system of medicine develops for its use . . ."

We find, therefore, that in only one paragraph, number 76, do both translators use the word "homœopathy." Dudgeon's phraseology reads, "Only for natural diseases has the beneficent Deity granted us, in Homœopathy," etc., while Wesselhoeft says "It is only through homœopathy that Providence has vouchsafed us," etc.

In contrast with this infrequent use of the word "homœopathy" in the text of the "Organon," in the Preface to the *fifth* edition we find Wesselhoeft using the noun 9 times against Dudgeon's 6. It is curious to find that in the "Preface" to the *first* edition, as given both by Dudgeon and Wheeler, there is *no use whatever made of the word.*

In answer to the question, "What did Hahnemann mean when he used the word homœopathy or its derivatives?" one should be referred to the "Organon" where a sufficiently explicit answer may be found, not once or twice, but many times. For instance, in section 17 of Wheeler's translation of the first edition we read, "If, now, experience should show (and indeed it does show) that a given disease-symptom is only removed by the very medicine which has produced a similar symptom in a healthy body, then it would be probable that this remedy is able to up-root that disease-symptom by virtue of its tendency to call forth a similar one." And in section 31 we read, "The great homœopathic law of cure rests on this law of man's

nature, revealed by experience, that diseases are only destroyed and cured by similar diseases. The homœopathic law may be thus formulated; that a disease can only be destroyed and cured by a remedy which has the tendency to produce a similar disease, for the effects of drugs are in themselves no other than artificial diseases." In the "Introduction" (A Review of Physic") to the Wesselhoeft translation of the fifth edition, page 43, we read, ". . . . *In order to cure gently, quickly, unfailingly and permanently, select for every case of disease a medicine capable of calling forth by itself an affection similar* (ὅμοιον πάθος) *to that which it is intended to cure.* Hitherto none *taught* this homœopathic method of cure". . . .

In section 24 we read, "So there remains no other manner of applying drugs in the cure of diseases, but the homœopathic method, in accordance with which we select a drug to meet the totality of symptoms of the case of disease, which drug should possess the power and inclination in a higher degree than any other (of all drugs known and proved with regard to their tendency to alter the feelings of a healthy person), of producing an artificial morbid condition most similar to that of the natural disease." In Dudgeon's translation of the fifth edition in section 26 we read in part, ". . . A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations." Can there be any doubt that Hahnemann's idea of Homœopathy was the idea of symptom-similarity between the drug and the disease, and that such an idea can be expressed in the guiding rule "similia similibus curentur," let similars be treated by similars? And can there be in the light of these quotations (and many more that might be made) any reasonable objection to defining Homœopathy as the method of treating diseases in accordance with the formula *"similia similibus curentur,"* let similars be treated by similars?

Probably there would be less confusion than there seems to be on this question if one settled in his own mind what attitude to take towards the question "Is Homœopathy a Science or an Art"? Here again we find the unequivocal answer in the "Organon." The very titles used are definite and form a sufficient answer to the question; for instance, "Organon of the Rational Art of Healing" (Wheeler); "Organon of Medicine," (Dudgeon), whose translation of the Preface to the first edi-

tion (first paragraph) reads, "According to the testimony of all ages, no occupation is more unanimously declared to be a conjectural art than medicine . . . ."; and "Organon of the Art of Healing" (Wesselhoeft), who makes Hahnemann say in the Preface to the fifth edition, "Homœopathy is a simple art of healing, unvarying in its principles, and in its methods of applying them."

Even a cursory reading of the text of the "Organon" shows it to consist chiefly of arguments and directions for treating sick people in accordance with an unvarying formula. In this unique text book we find minute directions for the examination of patients; with instructions as to which symptoms are to be considered of chief importance in the making of a prescription; as to the collection of plants, and the preparation, preservation and dispensing of drugs; as to the best methods to be used in proving drugs upon the healthy, the diet to be observed by the prover as well as the patient; as to the dose to be administered and its repetition, as well as many other rules of procedure in the treatment of sick people. The evidence would seem to be conclusive that Hahnemann was dealing with an art, not a science, when he wrote his famous "Organon." Recognition of this fact would have made impossible the many discussions —some of them acrimonious—concerning the use of the word "curantur" as expressive of a law, or "curentur" as announcing a guiding principle or working rule. It may be well to remind ourselves that science means simply "Knowledge," and is defined (Century Dictionary) as "Knowledge gained by systematic observation, experiment and reasoning." "Knowledge regarding any special group of objects, co-ordinated, arranged and systematized;" and that art (by the same authority) is defined as "A system of rules and traditional methods for facilitating the performance of certain actions; acquaintance with such rules or skill in applying them, as in a manual trade or handicraft, technical profession, or physical accomplishment; as the *art* of building or of engraving; the healing *art;*" etc., "in this sense opposed to *science*."

To reason by analogy,—one would say that navigation is an art, a way of doing a certain thing, of sailing a ship. Like all arts successful navigation is governed by rules of procedure. Like all arts, again, the rules of successful navigation are based on experience and observation; upon knowledge or science, such as astronomy, geography, mathematics, etc. So

one may claim that homœopathy is an art; a way of doing a certain thing; viz., restoring health to the sick; a department of medicine or of the great art of healing; its guiding rule being the well-known *similia similibus curentur*. The sciences used by the homœopathist are those common to all medical practitioners,—the fundamental sciences of medicine. In addition the homœopathist bases his particular practice upon the science of drug pathogenesy, the only science characteristic of, or developed by, homœopathy. All this is embraced in that marvelously explicit third paragraph of the "Organon," in which is summarized those things necessary to one who would become a "true master of the art of healing." The physician must *know* diseases; that is, pathology and all it includes, such as etiology, nosology, diagnosis, prognosis. He must *know* drugs; that is drug pathogenesy, as revealed by toxicology, provings on the healthy, over-dosings, etc.; and also pharmaceutics. He must *know* how to adapt the drug to the disease; and it was right here that the genius of Hahnemann showed itself in all its originality and clearness of vision. It was Hahnemann who proved so conclusively that there are three and only three principles according to which drugs can be applied in the treatment of diseases; viz. (1) the antipathic method, in accordance with the rule *contraria contrariis curentur;* (2) the heteropathic method (empirical) without a formula, and (3) the homœopathic method under the guidance of the rule *similia similibus curentur*, the application of which presupposes the possession of knowledge of drug pathogenesy and familiarity with the correlated rules indicated by the guiding formula and the well-known phrases "totality of symptoms," "the single remedy," and "the minimum dose." The physician finally must *know* the obstacles in the way of recovery and *how to remove them*. This part of the physician's knowledge and art is much neglected in medical studies and teaching, and consideration generally, and yet it is one of the most important of Hahnemann's teachings. In this connection he clearly points out, more definitely and convincingly than (to my knowledge) any of his disciples have, the limitations of homœopathy; and here also he acknowledges in most generous and decisive terms the importance of hygiene and sanitation, of dietetics, of psychology both etiologic and therapeutic, and of surgery.

Those who prefer to think of homœopathy as a science

should find comfort in Hahnemann's frequent use of the word "law" as used by all his translators. The following instances are presented to show the frequency of its occurrence, as well as the context:—

Paragraph 18—". . . then it cannot be doubted that the *law* has been discovered whereby this medicine has brought recovery to this disease, namely; the *law:* 'Similar symptoms in the remedy remove similar symptoms in the disease.'"

Paragraph 20. "This eternal, universal *law* of Nature, that every disease is destroyed and cured through the similar artificial disease which the appropriate remedy has the tendency to excite, rests on the following proposition; . . ."

Paragraph 31. "The great homœopathic *law* of cure." "The homœopathic *law* may be thus formulated; that a disease can only be destroyed and cured by a remedy which has the tendency to produce a similar disease, for the effects of drugs are in themselves no other than artificial diseases."

Paragraph 142. "When this happens the homœopathic *law* allows no second dose of the same medicine to be given."

Paragraph 152. ". . . chosen most carefully in accordance with the homœopathic *law*, . . ."

Paragraph 199. "They obey, all of them, the eternal *law* of homœopathy, to which there is no exception."

These quotations from Wheeler's translation of the first edition of the "Organon" could be effectively used in support of the claim that Hahnemann believed in a natural law of cure which is expressed by the phrase *similia similibus curantur*, which is ordinarily translated "likes are cured by likes." Even if this is all correct, the statement of a law of cure, which would be of scientific interest, is not equivalent to giving directions of procedure in the treatment of a case, which is what the practitioner of an art wants and needs. The treatment may be, and in the case of homœopathy we may admit that it is, based on a law of cure; but our actions are guided by the formula *similia similibus curentur*, let likes be treated by likes. This last is a rule of practice, and in the "Organon" we find every needed convincing evidence that homœopathy was considered by Hahnemann, and is in fact, a method of practice, the curative art of healing, a system of pharmaco-therapeutics, and nothing else.

It is curious considering the vast importance attached to the formula *similia similibus curentur* by many of Hahnemann's

followers that he himself made exceedingly infrequent use of it. The text of the "Organon" does not contain it, though in section 263 of Wheeler's translation the phrase *contraria contrariis curentur* is found. Hahnemann rather frequently uses *similia similibus* just as he does *contraria contrariis*, but stops there. The "Introduction" to the fifth edition, however, presents in Dudgeon's translation, page 38, both formulas, *contraria contrariis curentur* and *similia similibus curentur;* while unfortunately in the same paragraph in the Wesselhoeft translation, *similia similibus curantur* and *contraria contrariis* are used. In this case Dudgeon who is more literal in his work than is Wesselhoeft, is correct.

I am convinced that thoughtful study of the "Organon" will show it to be the most notable book for its size ever written in medicine. It will teach us as no other book can what Hahnemann meant by "Homœopathy"; and among other things it will demonstrate that Hahnemann had a phenomenally high ideal of the sole duty of the physician; that he had a comprehensive view of the art of medicine; a full knowledge of the limitations of homœopathy, as well as of other methods of treatment; and a very precise opinion concerning homœopathy's relationship to other therapeutic methods. These points perhaps can be summarized by a chart method as follows:

HAHNEMANN'S HOMŒOPATHY

as elaborated in his "Organon" is based upon the high ideal that

The physician's highest and only calling is to *restore health* to the sick, i. e. to cure (§ 1)

Therefore (*vide* § 3) he must

1) KNOW diseases—pathology { Etiology; Nosology; Diagnosis; Prognosis }

2) KNOW drugs— { *drug pathogenesy* { *toxicology*; *provings on the healthy*; *over-dosings* }; pharmaceutics }

3) KNOW how to adapt the drug to the disease
- antipathic method—contraria contrariis curentur
- heteropathic method—empirical
- *Homœopathic method*
  - *similia similibus curentur*
  - *totality of symptoms*
  - *single remedy*
  - *minimum dose*
- the only direct curative method

4) KNOW the obstacles in the way of recovery and how *to remove them*
- hygiene—sanitation
- psychology (etiologic and therapeutic)
- dietetics
- surgery

(Note.—The italics show the essential features of homœopathy.)

In conclusion it would seem as if we were fully justified in considering Hahnemann's Homœopathy to be an art, not a science; a therapeutic specialty in the great field of medicine; simply a method of treating sick people in accordance with the guiding curative rule, "Similia Similibus Curentur"; and that in order to practice this art successfully the physician must base his diagnosis, prognosis and prescription upon the *totality* of the symptoms; must *know* drug pathogenesy and use but one drug at a time in a dose sufficiently small to avoid producing a marked "aggravation." By utilizing these rules and abiding by the simple injunctions contained in the "Organon" one may be qualified to "act thoroughly, and to the purpose, as a true master of the art of healing."

Discussion

Dr. Edward Beecher Hooker, Hartford, Conn.: This scholarly paper, in Dr. Sutherland's clear and forceful language, convincingly proves that Homœopathy is an art, not a science, and was so regarded by Hahnemann. It is interesting to note that Hahnemann himself made but infrequent use of the formula, *similia similibus curentur*, over which unfruitful contentions have been waged since his time and may be waged in the future; that he had a high ideal of a physician's duty; that his view of medicine was wide and comprehensive; that he recognized the limitations of Homœopathy.

We have always known of Hahnemann's scholarship, his command of languages, his deep learning, his acute powers of observation and his logical mind. What he thought and wrote concerning the art of healing is of inestimable value today, yet he was not infallible. He was well informed concerning the science of his day and his prophetic mind even penetrated the secrets of the future, yet he was not infallible. In the light of the knowledge of today it can be seen that he made mistakes and enunciated erroneous statements. The wonder of it is, not that so learned a man made mistakes, but that he made so few of them.

Since Homœopathy is an art, a therapeutic method, it is capable of expansion: errors may be disclosed and eliminated; discoveries may improve its tools and technic. Therefore, while we accord to Hahnemann the position of Master, while acknowledging his great learning, his high ability and wonderful foresight, it is not necessary, nor is it wise to regard him as infallible and that every word that comes from his pen is the last word in Homœopathy. We would occupy a much higher position in the scientific world today if we had not been so well content to rest our art upon the labors of Hahnemann and those immediately following him. They laid the foundation and built upon it; we shall be unworthy followers of the great man whose name we delight to honor, if we do not build higher that structure, and prove by the science and the precise methods of today that his art of healing is truly a scientific one. The reports from our colleges, made this morning in the Bureau of Homœopathy, under the auspices of the College Alliance, are convincing evidence that we appreciate the task before us and are undertaking it with energy and determination.

Dr. James Krauss, Boston: Dr. Sutherland stated that he cannot find when Hahnemann first used the term "homœopathy" or its derivative "homœopathic." I will supply that information.

The term was first used by Hahnemann in 1807 in his essay, "Finger Points for the Homœopathic Use of Medicines."

I will not anticipate what I shall have to say tomorrow in my paper, "The Elements of Scientific Medicines," which I am to read in the Bureau of Clinical Medicine, but I will say that I am glad to see Doctor Sutherland is trying to define Hahnemann's Homœopathy, and not somebody else's. There is only one homœopathy and that is Hahnemann's. I am also glad to note that Doctor Sutherland admits he found the substantive term "homœopathy" rarely used in the three translations of the Organon he had examined, while the qualitative term "homœopathic" he found quite frequently. The fact is that with Hahnemann there is no homœopathy, there is only a homœopathic method. The Introduction which Doctor Conrad Wesselhoeft translated and published with his translation of the fifth Organon and from which Dr. Sutherland quoted as though it were the Introduction to the fifth Organon of 1833 is really the Introduction to the first Organon of 1810. That Introduction is more important both from the literary and the medical standpoint than the Organon of 1810 itself which it was to serve as an Introduction, for the Introduction contains in plain words what Hahnemann considered his homœopathic method of cure to be. This Introduction is not even published in Wheeler's edition of Hahnemann's Organon of 1810; and Wheeler translates the title of this First Organon as "Organon of the Rational Art of Healing" wrongly. The title is "The Rational Science of Healing." It is the only time that Hahnemann made use of this title. In all the subsequent four Organons he used the corrected title, "Rational Art of Healing." He had become convinced that he was not dealing with the Science but with the Art of Healing and corrected the title of the Organan accordingly. This is of great historic import. I want to emphasize this for it is the current belief that Hahnemann was giving us homœopathy as a system of medi-

cine when, as a matter of fact, he gave us homœopathy as a method of medicine, the homœopathic method of cure. Hahnemann gave us a scientific method, when his followers in their ignorance and his adversaries in their enmity have for a hundred years insisted that he gave us a speculative system of medicine. Even today his ignorant followers speak of homœopathy as a system of medicine with a feeling of satisfaction which can be explained on no other ground than that they can conceive a speculative system of medicine as something superior to a fundamental method of scientific medicine. But homœopathy is a fundamental method of scientific medicine and as such is as superior to speculation.

In the Organon of 1810, *similia similibus curentur* is placed in parenthesis after Hahnemann had told all that he wanted to tell about his homœopathic method of cure. Will any man of sense say that Hahnemann put into parenthesis his method? He merely put into parenthesis the illustrative reference to what he had before plainly and explicitly established. Further discussion of this important subject will appear in my paper tomorrow.

Homœopathy—Its Distinctive Place in Medicine. Homœopathy must be put to test in our hospitals side by side with old school therapeutics, as has been inaugurated at the University of California. It is here the real advantage of specific medication will be displayed economically and scientifically. It is in our universities where both methods of practice can be shown, that will ever offer the most convincing proof of the value of homœopathy. This should not awaken any breach of harmony so long as the service is that of scientifically establishing a system of therapeutics for alleviation of suffering humanity. Each school can work overtime and yet fall short of their common ideals. This should ultimately weld the schools for mutual cultivation. This growth of union must necessarily be of slow progress, but in all of this the homœopath's attitude should be conciliatory yet consistent. It need not and should not be that of abandonment of truth as far as we have proven it. We should aim to point out and to convince by experiment and by demonstration its scientific accuracy. The uniform pressure in this direction upon all concerned will allow of free discussion, which is the first step towards the recognition of its values. The medical government of the world may be a despotism, a constitution, a democracy or lastly, one of freedom. What is therefore our position as men of science and as homœopaths in the universal medical life? We must not make the mistake in thinking that with the general uplift of progress we can quietly settle down. Medicine once a privileged profession is that no longer, rather one of the humanities, and as such is free as the winds, free as only man can be. It is liberal also in the new measures of making the public service stand always first; a liberality which every follower of Hahnemann should emulate.—*James W. Ward in Pacific Coast Journal of Homœopathy*, June, 1916.

HOMŒOPATHY'S DECLARATION OF INDEPENDENCE*

By Royal S. Copeland, A. M., M. D., New York City
President of the College Alliance of the A. I. H.

The evolution of the individual from savagery to civilization is an interesting process. One need not go back to primitive days to gain an accurate picture of the changes that take place. A visit to Ellis Island, any day, will show the immigrant, crude, unlettered, and all but poverty-stricken. He proceeds to the prairie or forest, and begins his task of home-building. As his family grows and the instinct for social life develops, we find the second generation acquiring an education and a taste for luxuries. The original settler and his immediate family are watchful, aggressive, suspicious of possible enemies, tenacious of their possessions, and ready to fight and die for those things nearest and dearest to them. Gradually, as the evolution goes on, the individual is less insistent upon the original principles; he becomes more elastic and yielding in his dealings with men. To change the figure somewhat, these individual bits of cosmic pitch are so softened by the sunlight of civilization that they coalesce, and individuality is lost in the common mass of society. Distinctions are wiped out, original codes of ethics are obliterated, and, ultimately, all men think the same thoughts and hold to the same ideas.

The history of institutions is not unlike this. An individual promulgates a theory, or formulates a principle. To follow this new doctrine one must depart from the accepted standard and assume for himself a separate and distinct position. In spite of this and its attendant ostracism, the formula attracts attention; men accept it and become disciples of the pioneer. Banding themselves together, a new party or system is brought into existence. Discussion of the new doctrine frequently becomes acrimonious. As the result of the debate, the line of demarcation between the new teaching and the old is sharply drawn. The followers of the new school of thought, because of the criticisms passed upon it by the older school, find themselves closely knit together for mutual protection and for the common good. They know the reasons for their party's existence, the principles for which they stand and for which they are willing, if need be, to be crucified. They are aggressive and militant in spirit, tenacious of their

*Bureau of Homœopathy, A. I. H., Baltimore, Md., 1916.

views and the rightfulness and justice of their claims. They are missionaries in that they make every effort to attract others to their distinctive views. They are unterrified by opposition and ready to meet all comers in argument and disputation.

As time goes on and the pioneers die off, the second generation is more tolerant. It does not enjoy its exclusion from society. Perhaps it resents this to the extent of advising the third generation of the sacrifices and hardships of sectarian ostracism. Gradually, and usually unconsciously, the line of cleavage disappears. To use the figure employed before, the sunlight of liberality gradually fuses this separate body into the common mass. Distinctions become so ill-defined that it is difficult, indeed, to differentiate between a natural follower of the new thought and the heir of the old.

Has not the progress of the new ideas in medicine been along these same evolutionary lines? Some man has promulgated a new thought. He has met with ostracism, but has attracted, first, a few, and, later, a multitude of followers. These disciples, with all the ardor of pioneers, have gone out into the wilderness, cleared it of opposition, and made for the new thought a place in the sun. The new school has prospered so long as the pioneers remained to keep the faith alive. With the passage of time, however, the old spirit has flagged, and, with the loss of aggressiveness and militancy, there has been gradual coalescence with the dominant school and a corresponding loss of vigor and virility on the part of the new school.

The study of the dissenting schools of practice is not unlike the study of astronomy. There are planets that have long since passed through the periods of genesis, population, death, and utter barrenness. There are other planets, like the earth, that may be said to be in the full vigor of life and activity. There are yet other planets in the very beginning of things, with almost their entire history unwritten. Endless, indeed has been the procession of medical "systems," clamoring for public endorsement. Our enemies have classified us with Osteopathy, Christian Science, and other pseudo-scientific organizations. In the past, most of the so-called sects have disappeared and well it is that they have. Like the burned-out planets they have served their day and generation, or at least have ceased to be fruitful. Osteopathy and Christian Science will meet the same fate, but we resent the favorite old school trick of including us in the same list of "irregulars," bound, they say, to suffer speedy extinction. Our contribu-

tion to modern medicine is too important and too permanent to deserve such scant consideration. However, it is lamentably true that for the past fifteen years Homœopathy and Eclecticism have been softening at the edges, have begun to ooze, and an occasional rivulet has found its way to the sea of dominant practice that hungrily awaits the privilege of engulfing the dissolving sects.

Whether or not the present state of things is a calamity depends upon the point of view. If dominant medicine has appropriated to itself all that is good in the sects, and is prepared to teach these doctrines, together with everything else in medicine that should be known by the practitioner, then, certainly, no voice should be raised against the present trend. On the other hand, if these new schools have something in the way of therapeutic procedure that is capable of lessening human pain, shortening disease, and prolonging the span of life, then they should continue their separate existence until they have proven to the scientific world that they are the custodians of priceless therapeutic treasures. If any Homœopath or Eclectic has reached that point in individual evolution where he no longer holds to these ideas, but honestly believes that dominant medicine embraces in its practice everything necessary to the happiness of human beings, he should unhesitatingly surrender and join the ranks of the dominant school. If there be any considerable number who believe that the new schools still possess important differences in practice and possibilities of continued therapeutic usefulness, there can be no doubt it is the duty of these schools to resume their old-time spirit of conviction, aggressiveness, and militancy. Once more should they clamor for a hearing and insist upon their public recognition.

When a sectarian organization no longer meets with opposition, when there is no occasion for its adherents to study the articles of faith and to renew their allegiance to the covenant, it becomes anemic, weak, and wabbly, stumbling along in a spineless way, showing but a remnant of its old-time vigor and usefulness. It is flattered beyond words when a Mayo declares his conviction that Hahnemann was a hundred years ahead of his time, that serum and vaccine treatment is homœopathic in its application and effect, and that the most modern methods of treatment are in accord with the ideas of Hahnemann and Homœopathy. Thus allured, Homœopathy and Eclecticism have submitted to the domination of the highly organized American Medical Association, permitted their colleges to be visited, inspected, investigated, standardized, and classified by the Council on Medical Education

of the American Medical Association, and it was at this time that Homœopathy and Eclecticism became servile, humble, yielding, supine, and hopelessly helpless. We seemed to forget that we had our own national organizations, our own machinery, intelligence sufficient to administer our possessions, and wealth enough to pay the bills. What is the American Medical Association that it should have authority over the Homœopathic and Eclectic colleges of this country? Why should a system of government in which we have no say whatever, directed by officers for whom we cannot vote, backed by influences that we can in no way control, unsympathetic to our institutions, out of harmony with our ideas, scornful of our theories, hateful of our successes, jealous of our wealth,—why should we submit to this sort of domination and control? For fifteen years we seem to have forgotten that we are men, citizens of the same republic, with equal privileges, social and political. Is it not time for us to awaken from this Rip Van Winkle sleep, and to resume our proper place in the direction of our own institutions?

We have read that Moses came down from Mt. Sinai, carrying in his hands the tablets of stone, upon which God had written the laws to govern the human family. Most of these commandments begin with the words, "Thou shalt not": "Thou shalt not kill," "Thou shalt not commit adultery," "Thou shalt not steal," "Thou shalt not bear false witness," "Thou shalt not covet." One of these commandments differs from all the rest because it is a commandment with a promise. It says, "Honor thy father and thy mother: that thy days may be long upon the land which the Lord Thy God giveth thee." I am wondering if we have not forgotten some of these commandments, especially the one I have just quoted. Where are we to find the parent of the Homœopathic colleges, of the Homœopathic hospitals, of the Homœopathic institutions, of the Homœopathic activities? The parent of all these is the American Institute of Homœopathy. When we renew the covenant and once more resolve to keep the commandments, then it is that we will honor the parent of all these institutions. When we have done this we shall have a right to believe that our days will be long in the land which the Lord our God hath given us. By proper organization of the American Institute of Homœopathy, by its support, by its activities, by the work of its councils and committees, by its vigilance and resourcefulness, by its guiding care, the Homœopathic institutions will continue upon their interrupted

course of prosperity and once more become the influential and strong bodies that they once were. If we would remain long in this land, as a force to be reckoned with, we must observe this commandment and honor this parent.

Homœopathy has never been anything more than a respectable minority; it represents a respectable minority today. When its followers rally to the support of the American Institute of Homœopathy and its children, the state, county, and local medical societies, then once more can we hold up our heads and demand for the Homœopathic institutions that support and equal station which they have had since their organization and which they are entitled to receive until there are very proper reasons for their discontinuance.

It is not too late to go back a dozen years, take up the broken threads, and resume the course that we followed in olden times. The first thing for us to do is to declare our independence of the American Medical Association as regards its attempt to control our teaching institution. We endorse and commend that organization as a scientific body; we welcome advances it may make in the study and cure of disease. Whatever it undertakes in the way of education of the public in sanitation or prophylactic medicine, we heartily endorse. Our resentment is limited wholly to its assumption of proprietary rights in everything relating to medical education and medical licensure. Homœopathy should no longer delegate the care of its medical colleges to the American Medical Association, neither should it let that body dictate what shall be the form of the medical practice act to be enacted by the various states or by the federal government. We should declare our independence of that body and hereafter make our own inspection and standardization of medical colleges and be heard in every council looking to the formation of medical laws.

We realize we are not alone in our opposition to the attempted domination of Dearborn Street,* Chicago. There are many old school colleges and thousands of old school graduates just as resentful of this officious interference as are the Eclectic and the Homœopathic practitioners. We should attempt no alliance with these, however, but should band ourselves together in the College Alliance, determined that from this day forward we will brook no interference with our educational or legislative rights. We take no back track as regards the lowering of standards, we are in step with modern progress as regards medical education, we

*Headquarters of American Medical Association.

expect and shall demand that our colleges conform to the ideals of modern scientific education. But, as to whether or not they are so conforming, we should determine for ourselves. No Roman Catholic institution would permit the Methodist church to dictate its policies, neither would the Methodist church tolerate any assumption of authority on the part of the Presbyterians. In the same spirit the Homœopathic and Eclectic professions should resent the officiousness of Dearborn Street and from this time on tolerate it no more!

In 1895, addressing Congress on the Venezuela matter, President Grover Cleveland recommended the appointment of a commission to make thorough investigation of the matter in dispute. "When such report is made and accepted," said Mr. Cleveland, "it will, in my opinion, be the duty of the United States to resist by every means in its power, as a willful aggression upon its rights and interests, the appropriation by Great Britain of any lands or the exercise of governmental jurisdiction over any territory not belonging to it." Mr. Cleveland continues: "In making these recommendations I am fully alive to the responsibilities incurred and keenly realize all the consequences that may follow. I am, nevertheless, firm in my conviction that while it is a grievous thing to contemplate the two great English-speaking peoples of the world as being otherwise than friendly competitors in the onward march of civilization, and strenuous and worthy rivals in all the arts of peace, there is no calamity which a great nation can invite which equals that which follows a supine submission to wrong and injustice and the consequent loss of national self-respect and honor, beneath which are shielded and defended a people's safety and greatness."

For consideration this day, the College Alliance has before it a problem quite as much related to the safety and greatness of Homœopathy as was the proper settlement of the Venezuela question vital to the honor and highest interests of our government. Shall we submit to the activities of the American Medical Association, or shall we resist by every means in our power its willful aggression upon our sacred rights and interests? For my part there is but one answer: Homœopathy is sufficient unto itself, and to the last drop of blood should resist every act and plan having to do with the supervision of our colleges. That is our work and we should prefer to do it ourselves.

PREVENTIVE SURGERY*

By W. H. Watters, M. D., Boston, Mass.

The title selected as the topic for this paper may seem a strange one for a pathologist to discuss, it being at first thought very foreign to the interests of such a person. Upon closer consideration, however, the inappropriateness of the subject may seem less prominent.

We speak of preventive medicine as that science that renders the actual application of medicinal curative agents unnecessary and why should we not equally consider preventive surgery as that science that renders the actual application of surgical curative agents unnecessary. It is with such an idea in mind that the present paper has been prepared. During a practically exclusively hospital and laboratory experience of sixteen years a very large number of cases have been seen in both surgical and medical diseases, and as a result certain opinions have been reached.

It is taken as an axiom that it is always preferable to avoid surgical interference when such is consistent with the well-being of the patient; also that all possible measures should be taken prior to such operative procedure to demonstrate the actual necessity for such. In all general hospitals it is a well known fact that not a few operations are needlessly performed, and that if all the facts and conditions had been known the wisdom of surgical abstemiousness would have been recognized. This will always prove true so long as the fallability of humanity exists but should prove to be a steadily decreasing number. In this place will be found the field for preventive surgery. Let us consider some of the concrete examples.

How many in this audience have not had patients come to them with a history somewhat as follows: Mr. A. and Miss B. marry. Months go by, followed by more months and no evidence appears of the normal results of a normal mating. Both are well and apparently perfectly healthy, but pregnancy does not occur even when such is earnestly desired and striven for by both. The family physician is consulted. An examination of the wife is made and some discharge may be found or some uterine displacement. Possibly the husband may be questioned cursorily about any discharge that he may have, with entirely

*Read before the Massachusetts Surgical and Gynecological Society, May 17, 1916

negative results. A surgeon is consulted. He advises dilatation of cervix, curettage, uterine replacement and perhaps ventral fixation. These things are all done either seriatim or at one "fell swoop" and still pregnancy does not take place. Now finally after all else fails all hope of the coveted acquisition is abandoned, or perhaps some one suggests that it might be well to examine the semen of the husband. This examination is made and reveals either entirely inactive spermatozoa, or a fluid entirely devoid of them. Here then is the explanation of the entire puzzle. An old gonorrheal infection, presumably cured years ago has induced testicular atrophy or by an old inflammatory condition has brought about complete azoöspermia. If this test had been made first, instead of last, it would have rendered unnecessary the dilatation, the curettage, the replacement and the fixation with all their resultant risks. This is what we mean by preventive surgery.

In passing, think for a moment of the vast field for preventive surgery in connection with eugenics. Mr. X. and Miss Y. marry. Both are apparently healthy and normal young people. A few weeks later the wife begins to feel poorly, complains of vague pains or discomfort in the lower abdomen and has some leucorrhea. A physician is consulted, a surgeon interviewed. Pelvic inflammation, endometritis, metritis, salpingitis is discovered, and the friends are told that she has been operated upon for "appendicitis." Would not bacteriologic and serologic examination of that husband before marriage with resultant demonstration of gonococcal infection and its ante-nuptial eradication be the truest form of preventive surgery? Such cases could be cited literally by the hundred.

Some years ago there came to our hospital a woman showing very great intra-abdominal tumefaction. A diagnosis of multilocular ovarian cyst was made. The operation revealed an enormously enlarged spleen. Later a blood count gave 600,000 leucocytes per c. m., with a very evident diagnosis of splenic leukemia. Here again an ante-operative count would have been in its best sense an illustration of preventive medicine. During the same year a similar case was discovered only the day prior to the patient's admission to a neighboring hospital for operation under a similarly erroneous diagnosis. It is needless to say that the operation was not performed.

Not long ago there was seen in consultation a woman presenting many symptoms of malignancy or chronic ulceration of

the intestinal tract. The possibilities of operation even exploratory were carefully considered. A blood examination revealed all the characteristics of pernicious anemia, and the subsequent course has fully substantiated that diagnosis.

We all know only too well the entire impossibility of differentiating lymphatic leukemia from Hodgkin's disease, and from certain forms of sarcoma without examination of the blood. Frequently also, determination of the leucocyte count, and the neutrophilic percentage indicates or contra-indicates need for operative measures in various forms of infection.

To return to serology once more we find that the Wassermann reaction is a most important and often invaluable addition to our diagnostic aids. May I cite a few illustrations. Several years ago a man was admitted to the hospital with a large tumor mass on the forearm. The course of the disease and the clinical symptoms strongly suggested sarcoma and an operation was performed with that diagnosis in mind. The pathological diagnosis made from the tissue submitted from the centre of the mass was "necrotic tissue." No malignancy was found. The tumor promptly recurred. A blood test showed a quadruple positive Wassermann. This man was given salvarsan and potassium iodid followed by mercury with rapid subsidence of the tumor and entire recovery. He is now apparently entirely well. Absolutely no venereal history could be obtained, the patient being apparently entirely sincere.

A second case has been more recently seen and treated. Here the "tumor" was on the upper arm, was at first supposed to be an abscess and was treated accordingly. He came to the hospital expecting to have an extensive operation. In view of other cases, however, a blood test was ordered, and as a result a four plus Wassermann was obtained. Following this a history of primary lesion twelve years previous was elicited from the patient. He received three intravenous treatments of arseno-benzol, the American substitute for salvarsan. This was followed by twelve intra-muscular treatments of salicylate of mercury. Shortly after the first intravenous treatment the mass which had been steadily increasing in size began to slowly subside. Through an opening that remained from the first surgical operation a considerable amount of the necrotic material gradually escaped until at present, about three months subsequent to the time when he was first seen, the only evidence of the trouble is a scar on the inner side of the biceps with some depression of the skin.

Actually no sign of tumefaction can be felt, and the man has been able to follow his usual vocation from the first, something that he had been previously unable to do. Whether it is possible to ever hope for an absolutely negative Wassermann reaction or not cannot be yet stated. It is, however, certain that his general condition has greatly improved, and practically all local signs of the old trouble have most happily disappeared. This is a result that could not have been obtained by surgical measures. Another case somewhat similar is that of a physician who became infected through the finger in the course of an operation. The point of infection suppurated and a septic finger and secondary septic arm developed. He went to a very well known surgeon who first opened the finger for drainage, then opened the skin at the elbow and finally made an opening in the axilla dissecting out some glands. None of these procedures resulting in cure, he came to our hospital, where a blood examination was advised and made. The result, a strongly positive Wassermann. Salvarsan was given and the man is now apparently perfectly well in every way. Cases like these might be cited in number, but probably with no particular gain at the present time.

Another line in which measures other than surgical may be taken to advantage at least in selecting cases has to do with many forms of the acute and possibly some of the chronic infections. That most troublesome of conditions, furunculosis, while possibly not being a typical surgical condition frequently becomes such in many cases. That which is I think the most remarkable illustration of this occurred with one of our own physicians. He was a young man of active temperament and much in the open air, working hard and not sparing himself. He in some way became infected, and had an abscess on the back of the neck. This went the usual course, was opened, cleared up rather slowly, and before it was entirely healed another one appeared passing through the same course. This condition extended over a period of eighteen months, during which time he stated that he was never without at least one focus of infection, either starting, in the midst of its activity or passing away. Many of these were opened surgically, others opened spontaneously. Needless to say, he became weary of this repetition, which was having a distinctly deleterious effect upon his health. An autogenous vaccine was prepared and administered. Within one week of the administration of the first dose no new foci developed, and from

that time on for a period of months or until he moved to a distant city he continued entirely free from his former trouble. As far as known this freedom still persists.

It seems to have been distinctly demonstrated in different instances that the proper use of autogenous vaccine has retarded and induced recovery in a number of early cases of carbuncles which would apparently invariably have very shortly required radical surgical attention. Perhaps the best illustration of such preventive measures will be found in the tuberculin treatment of tuberculous cervical lymph nodes. These as we all know frequently demand surgical interference, and at times rather extensive dissection is made for their eradication. It is far from the intention of the present paper to claim all such surgical interference may be rendered useless by hypodermic administration of tuberculin. It is, however, an almost universal consensus of opinion that many cases, a large number in fact, that would ordinarily progress to such a stage that surgery would of necessity be invoked may be retarded, checked, and cured, by the proper use of this very potent material.

About four months ago there was referred a little girl about 9 years of age who had a number of enlarged cervical lymph nodes one of which had broken down and was discharging through a sinus. This sinus had been opened for months and had proven entirely intractable to healing. The child was brought to the hospital for operation. Prior to this the physician asked concerning the possible value of tuberculin. He was told that the outlook seemed promising and was advised to have tuberculin administered to the child in small doses at weekly intervals for a period of three months, at the end of which time if no improvement was noted, operation would seem to be advisable. At the end of three weeks the sinus had ceased discharging and within a month was entirely healed. The enlarged lymph nodes showed steady decrease in size until at the end of the three months period they were practically imperceptible. This condition of improvement has persisted to the present and bids fair to be permanent. It would seem to be the advisable thing to state that a child suffering from such a condition should be given the advantage of a prolonged tuberculin treatment over a period of about three months prior to operation. If such is done operation will frequently be found to be unnecessary. When however it is found necessary the patient will be in a better condition to stand it and will be less liable to show recurrence of the infection in other nodes.

Did time and your patience permit, these illustrations might be multiplied freely, but in view of the circumstances this will not be done. My endeavor has been to bring to your attention a few conditions in which it has been of most vital importance to carefully examine and study the case, without which preventive interference might have been readily evoked. There seems to be a distinct need of emphasizing this which has been in the present paper called preventive surgery, and it is more than probable that the future will recognize it even more than the present.

SANITARY SCIENCE—THE OPPORTUNITY OF THE FAMILY PHYSICIAN*

By Florence A. Richardson, M. D., Minneapolis, Minn.

Your chairman is not a specialist in sanitary science. She cannot present to you carefully worked out conclusions as the result of a systematic study of public health problems, or make recommendations for improvements in sanitary engineering. She offers for your consideration a recital of minor things which may do much to raise or lower the human physical standard.

A perfect sewer system will not benefit a community if its drainage is permitted to pollute the water supply. A bath tub in the home will add little to the personal hygiene of its occupants if used only to store soiled clothes or as a bed for the baby. So the most modern equipment and the most rigid laws for the maintenance of public health will not prove entirely efficient unless the home and personal hygiene can be advanced by instruction of the individual.

With our present public health service, the instruction of the great mass of the people rests entirely with the physician and the press. The latter still disseminates much questionable medical information which lessens its value as an authoritative source of instruction.

While our public schools are neither permitted to teach nor compelled to practice adequate hygiene, and some of the pupils not required to learn the few lessons taught, every physician must be a teacher of sanitary science and hygiene.

The physical examination of large numbers of young

*Chairman's Address, Bureau of Sanitary Science, A. I. H., Baltimore, 1916.

women has brought to my attention the existence of many defects which may be attributed to habits of posture or to improper clothing. When one *begins* to see these results of ignorance, vanity or circumstance, the search for them becomes a habit and it is evident that even the busy physician may do much to lessen these preventable defects.

The young mother may know little of her power to aid Nature by removing obstacles to the symmetrical development of her infant. If *intelligent*, she will welcome the advice to change the child's position frequently and to avoid carrying it always on the same arm and at the same angle. Even an ignorant mother will make use of *some* of the suggestions offered. The obstetrician should instruct every mother as to the necessity for reasonable quiet and the dangers of rocking, swaying, "trotting" and thumping the young child, as well as give advice concerning the feeding, fresh air and other matters.

As the child grows older, exercise becomes important, but is rarely given in other manner than the violent motion referred to, which is usually quite involuntary on the child's part. Systematic exercise for the infant is recognized as most beneficial when carried out under skillful direction and with great care.

It is needless to add that the growing child should continue his exercises under intelligent supervision, for the best possible development of his body and for the improvement of any congenital or acquired defects. Every parent should know the possible damage to mouth, throat, and hand from sucking of the finger. They should know the deformities and resulting train of nasal difficulties which crooked teeth in an undeveloped jaw may cause.

Even the biting of lips or nails or constant handling of the face may cause blemishes which detract from the physical appearance. The physician may warn against many of these habits which the family may not notice. He may note a sagging bed which may be repaired to the added comfort and improved circulation of the occupant. He should always advise against the use of too soft beds and too high pillows by the young. And how often does the physician instruct his families as to the required amount of sleep for the growing child?

Agitation for the fitting of the school seat and desk to the

pupil instead of the misfitting of pupil to non-adjustable seats, should be continued by medical men until every school is fully equipped with adjustable seats. Untold damage to eyes, to backs and to nervous systems results from the old system of seating, with corresponding lowering of scholarship. If the family doctor can impress the parents with the necessity for the growing child to have a chair of exactly the right height so that he can place the feet squarely upon the floor, they will be ready to make the demand for properly fitted seats when the child enters school. This necessitates frequent changes and it is unfortunate from an economic standpoint that we cannot saw the legs of the chairs longer as the child grows.

Habits of play come under the physician's observation less often, but over-stimulation, violent exercise after eating, continued heart strain, improper position in bicycle riding, or over-use of the voice may explain some illness and deserve his attention and advice.

Many cases of spinal deformity might be prevented if hygienic conditions were favorable, but for these "preventable" cases there exists the remedy of corrective gymnastics, in which the physician's knowledge of anatomy and physiology will enable him to instruct patient and parent. When begun early enough, the plastic bones permit of easy correction, if the muscles are strengthened at the same time; even considerable deformities due to rickets sometimes disappear. The *causes* which must be removed are faulty sitting posture, too high desk, standing with leg relaxed, unequal use of arms, indolent or cultivated drooping. In the treatment, consciousness and desire for correction must be stimulated, and the physician's warnings of future aggravation may be the strongest incentive toward co-operation of the child. For round shoulders I have found the repeated injunction to "push the crown of the head up" the most potent factor in the correction,—when the advice was followed.

Clothing which does not obstruct circulation or hamper movement should be advised. How often the infant's hands are cold because its sleeves are too tight! And almost as frequently, the little toes begin to show deformity from tight and short stockings before the baby wears shoes. Many young children are the victims of tight neckbands. And as many wear too warm clothing in the school room as wear too light garments.

Though our busy doctor cannot superintend the seasonal changes of clothing, he can avail himself of every opportunity which offers, to advise and warn.

Last and lowest, but high in importance, come shoes. No other article of clothing is capable of increasing or decreasing the efficiency of the wearer as are the shoes. A normal foot is rare and the deformities are nearly all acquired in childhood, from short or tight shoes, shoes with improper heels or with rocking soles. Parents often do not realize what they are bringing upon their children. And shoe salesmen are working primarily to sell "this year's model" and shoes on hand, being little interested in the future development of the foot. This season an experienced salesman said to a mother of a fourteen-year-old girl who was looking for a rational shoe, "Madam, you should get her into high heels and pointed toes very soon, before her foot is ruined."

It is to be hoped that at some future time orthopedist, artist and manufacturer may unite in designing footwear which shall be agreeable to both eye and foot. The consolidation of small shops would make possible the variety in stock required for feet of all proportions.

Until the millennium arrives, each general practitioner and specialist must not relax his vigilance along all lines of preventive as well as curative medicine.

Infantile Paralysis. Poliomyelitis is probably spread directly or indirectly, through the medium of infective secretions. Account must therefore be taken by communities of every means by which such secretions are disseminated. Promiscuous expectoration should be controlled. The common drinking cup affords a method for the interchange of material of this nature and should therefore be abolished. Rigid cleanliness of glasses and utensils at soda fountains, in saloons and other public places should be enforced. Flies, roaches and other vermin, by coming in contact with infective secretions, may possibly convey them to our food and thus directly bring about the development of disease. Therefore eliminate insects. Street and house dust bear a definite relation to the spread of many infections and it is not unreasonable to presume that they may be a factor in the dissemination of infantile paralysis. Maintain strict cleanliness of streets, yards and alleys in order to prevent the breeding of insects and other vermin. See that all garbage and waste are properly cared for and collected at regular and frequent intervals. Guard all food supplies, especially milk and other perishable products. Digestive troubles of children arising from the ingestion of food of questionable quality may lower resistance. Assemblies of children in infected localities are to be discouraged, if not actually forbidden. While the above measures are in a sense general, and applicable to many epidemic diseases, their importance should not be overlooked.—*U. S. Public Health Service.*

MATERIA MEDICA—CHAIRMAN'S ADDRESS*

By Albert E. Hinsdale, A. B., M. D., Columbus, O.

The main principle which distinguishes the homœopathist from followers of other forms of medical practice is that he believes there is a virtue in drug action aside from its palliative, stimulating or psychic effect. He also, believes that of all the schemes, systems, and methods of practice which have been promulgated up to this time that the homœopathic rule of practice comes the nearest of all of these of fulfilling the ideal requirements. This being true we stand distinctively as a therapeutic school and let us inquire for a moment what we have done within the past fifty years to elucidate, develop, demonstrate, and scientifically prove this wonderful therapeutic principle which was given us by Hahnemann and also inquire as to what the most pressing need for the hour may be.

Practically every broad minded and impartial scientific man, regardless of his school of practice or other vocation, admits in general the truth of the homœopathic principle. Our main basic idea as regards the application of drugs to the treatment of the sick stands unassailable in so far as it can be successfully and permanently disproven or overthrown, yet aside from the mere possession of this principle, we have done practically nothing since the early provings were made to advance our therapeutic claims by purely scientific methods. Our materia medica stands in a rough, unpolished, and incomplete form; the phraseology in which it is expressed is that of a language not compatible or consistent with that used in the other sciences; the exact effect of drugs upon their tissue proclivities, blood pressure, the blood, secretions and excretions, these, and many more important elements which should go to furnish a complete pathogenesis of a remedial agent we have allowed to remain undiscovered. The need of the hour, to which I referred is the determination of these and similar phenomena concerning drug action, and secondly, and just as important, a revision of the present day methods of giving instruction in materia medica. Our pedagogical methods, to conform to those used in other sciences, must soon be changed if materia medica teaching, and its practical therapeutic application, is to command the interest and respect, of our students, and the scientific world generally. One way, in which these defects may be greatly overcome and immense improvements

*Bureau of Materia Medica, A. I. H., Baltimore, June 26, 1916.

determined is by the introduction of laboratory methods to the teaching of the science of homœopathy. Just how this method is to be actually applied by the instructor, is not within the province of this paper to explain; the idea itself is a new one and its fullest and ultimate application cannot now be stated even by its advocates, yet enough experience has already been had with this method to warrant the opinion that it tends very shortly to radically change our former obsolete methods of teaching along this line and to put the science of homœopathic materia medica upon a scientific plane equal in every respect to that occupied by any of the other sciences.

We frequently hear the question asked, "Is Homœopathy a law of nature?" I think that a very satisfactory answer to this query may be found in Carl Pierson's book, "The Grammar of Science." This authority says that "a law of nature is the usual way in which things occur in contradistinction to the haphazard way." To apply this to homœopathy we find that usually diseased states are cured by drugs which create in the healthy similar conditions, yet that there are occasional exceptions to this desired sequence of events none will deny.

The chemist finds that generally, gaseous substances have their reactions along any particular direction, governed by what he calls the gas laws, yet there is no known gas which is always and invariably governed by that law which theoretically should control its activities along the line in question. If it is proper for the chemist to refer to the regulations of nature which usually govern his chemical reactions along any certain line as being a law of nature it is eminently proper for the homœopathist to refer to his principle of therapeutics as "a law of nature."

We have heard much within the last few years of a plan, proposed by a considerable number of our profession whereby they would establish at some central point, possibly Washington, D. C., a research laboratory which is to conduct experimental work along homœopathic lines and to distribute the results of its investigations to the different colleges. This plan has some merit to it, but it appears that it will be a far better endeavor to have each college own, equip and maintain its own research laboratory so that the actual operation of it could be seen by the students of the college and in this way there would be a much more direct connection between the research findings and their practical applications than would

be possible under the other plan. Unless ultimately a direct practical application can be made from a clinical standpoint of research investigations, they are absolutely valueless.

Permit me to call your attention to the present situation of the homœopathic pharmacy business. We have about twelve so-called manufacturing Homœopathic Pharmacists in the United States. Most of these concerns also manufacture goods which are not to be used upon homœopathic indications, but this is not to the point. The question I raise is, how does the homœopathic profession the world over, who must obtain their drugs from these concerns, know for a certainty that they actually receive that for which they pay. It is not my intention in the least to insinuate that our pharmacists are not reliable in every sense of the word, yet the homœopathic school who has to rely upon them has absolutely no control over this very important function of the homœopathic art. We have allowed our pharmacists to grow up independent of the profession and we take what they give us whereas it should be that we dictate to them, and tell them how and what to do instead of allowing them to dictate to us. It is extremely probable that our Pharmacopœia will never be recognized by the national government until our profession as a whole shows some interest in taking an active part in the execution and direction of our peculiar pharmaceutical procedures. I suggest that it would be advisable for the Institute to appoint a committee to inspect at frequent intervals the practical side of the homœopathic pharmacy business and to determine whether or not any particular pharmacist makes the kind of goods that he pretends to make. They should be inspected as to whether or not their drugs are made under sanitary conditions, as to the age of the tinctures at the time they are sold and as to as many other points as the committee may determine upon. Such a plan will doubtless meet with opposition from some of the pharmacists, but those who are really deserving of the title of "Homœopathic Pharmacist" should welcome such an inquiry and the rest will either suspend operations or fall into line, when the committee's report is published.

There is one form of activity in which it is specially appropriate that our colleges engage; I refer to the investigation from a strictly homœopathic standpoint of cases of industrial poisoning. Practically every large city contains one or more industrial establishments, be it a paint factory, pottery, chem-

ical, rubber or textile works, which have among their employes several cases of subacute and chronic poisoning which results from the prolonged contact of the workmen with the drug or chemical which is used in the particular industry. A study of the effects produced would amplify, correct and verify our present symptomatology of the substance in question and it would give us pictures of the tissue changes and a more accurate knowledge of the pathological effects produced by drugs upon humans than could possibly be obtained by voluntary provings. The study at first hand of these cases will also bring the attention of influential members of the laity to homœopathic activities, and, in return for the service rendered the student of these conditions, said student can render a return favor to the proprietor of the establishment in which he is privileged to study, by suggesting certain preventive and curative methods to the employer whereby such cases may be minimized in the future. I am glad to know that at the present time two of our colleges are undertaking this form of work.

In conclusion, allow me for reasons of emphasis to break the line of rhetorical unity and to refer again to a topic previously mentioned. Some of our colleges have now arrived at the point, in the teaching of materia medica, that regular laboratory courses are being offered in which the more salient effects of homœopathic medicines are demonstrated to the student in a systematic and routine manner. In these courses the exact effects of drugs upon their tissue proclivities are taught by means of microscopic sections and microscopic preparations. From these studies the student acquires a rational pathological foundation by means of which he can deduce the greater part of the symptomatology. Our students are receiving practical instruction in homœopathic pharmacy and the "red line" of our polycrest remedies is shown by some form of experimentation, and in general something is done, with the majority of our remedies, by some form of procedure, whereby our materia medica becomes to them a living reality, more easily learned and hence its actual clinical application is considerably extended.

Hahnemann's intuitive genius was such that successive generations will continue in increasing measure to profit by the application of our therapeutic principle and this desirable condition of affairs will come the sooner as we apply modern methods to the teaching and application of the law of cure.

PHYSICAL THERAPEUTICS—PRESIDENT'S ADDRESS*

By Harlan P. Cole, M. D., New York City

According to custom it becomes my duty to give you a little fatherly advice for the coming year, with the hope that said advice will last until the next meeting; but I am going to attempt a line of self-examination, with the hope that it may be even more profitable.

It seems to me that there are two very important questions that demand our very careful consideration:—What are we doing and Why are we doing it?

The profession, for a number of years past, has been educated by the agents of the manufacturing chemist and the instrument maker who would show us the short cut to a large bank account. They discourse to us in medical language on autocondensation and autointoxication, until we also become intoxicated and begin to think there are only two things to do: kill germs by inoculation, and run over painful surfaces with the high frequency current. But does it ever occur to us how these supposed remedies could or might operate, and against what are they supposed to be operating?

The business of every physician is the cure of disease, and the restoration of the patient to as near a normal level of health as possible. The business of those belonging to this society is to cultivate and improve all mechanical means that have been discovered, which can in any way add to our other abilities for the improvement of the condition of any patient that may come our way, and to add in some way to the general fund of information out of our own studies or inventive possibilities.

In this terribly commercial age it might be asked if it is not also the duty of the physician to earn money and even put aside a little for a rainy day for emergencies of life, or the weakness of his declining years. While all this is eminently true, most of it will be a part of our daily education, through example, if not precept; therefore, the thing that should most concern us is how to be more efficient, more capable in the execution of our work, and we can rest assured that the more successful we are in the treatment of our cases, the more cases

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we shall have to treat. Although it is true that it pays to advertise, it is also true that the more meritorious the thing advertised, the better the financial returns.

If our work is the treatment of disease, there are two words that naturally demand our attention:—Disease and Treatment. The question then is, What is disease, and what constitutes treatment?

Definition. As cold is the absence of heat, and darkness the absence of light, so death is the absence of life. In disease there is a falling away from health; a retrograde metamorphosis, which, if sufficiently severe and long continued leads to death, either local or general. Local disease leads to local death, general disease to general death.

In disease the forces of life are handicapped by an intervention of some force or foreign body or influence, and local or general inflammation results, and the body immediately begins to assume a subnormal situation. Disease, then, is not an entity or substance that can be handled or taken out of the body, but a disarranged or chaotic action of the normal forces which are presided over by the brain and its lieutenants, the spinal cord and the nerve ganglia.

Health is the condition resulting from the normal operation of all the functions of all the organs that are, or should be, contained within the body, and any disarrangement of the normal operation of these functions constitutes disease.

The late President Cleveland once made the remark that he was dealing with a condition, not a theory; and we, in the treatment of disease are dealing with a condition, not an entity. The cause of disease may be an entity or an influence, and the result of disease may be another entity, which may, and usually does produce still another disease action, but the disease is the action, not the entity. The destruction of the entity, or the removal of the force which produced the primary disease, is necessary, for it may continue to develop a disturbing influence, but that is the treatment of the cause, which is the first act, not the disease.

The treatment of disease consists in the adjustment of the forces during the disturbance, and the re-adjustment of those forces back to the normal after the disturbance is passed. This is the second act.

This first act involves the destruction or removal of the entity that has located or developed in some part of the body;

not the destruction or removal of the part of the body in which the entity has located itself, although this proceeding may be quicker or more profitable so far as we are concerned.

So far as the patient is concerned, the situation may be reversed, for the removal of the organ is extremely liable to inaugurate a life of subnormal ability, as the multitude of sanitaria throughout the country can testify, for they have certainly kept pace with the march of therapeutic indifference and surgical enthusiasm, however this conclusion may affect our personal views.

The work of the physical therapeutist is concerned principally with the third act in this play. The cause produces the disease, and the disease in its struggle with the cause and the effort at the repair of the point attacked, leaves behind the evidence of its struggle, and its efforts at repair.

Whenever nature takes up the work of meeting the attack and conducting the battle, its only weapon of defence and offence is the adjustment of the circulation to meet the requirements; this is attended by a rise of temperature. The one surrounds and encapsulates the foe, and the other is a kind of cremation process for its destruction. The temperature, then, is a temporary necessity, and its continuance an evidence that there are more worlds to conquer. The management of this part of the proceeding is the work of the prescriber. The scars of the battle, the effusion that formed the barrier, and the infiltrate that interferes with normal circulation, the adhesions between the different structures, interfering with the action of muscles, or the movement in joints—by pressure of their volume upon the nerves and blood vessels which should be the sole occupants of the spaces the infiltrate has encroached upon,—these are the conditions with which we are particularly interested, and which must be cleared away so that a normal circulation may be re-established, and local health restored.

The physiological action of human life depends upon the distribution of the blood supply; that is, a certain volume of blood passes to a given point in a certain time, and a certain volume of blood is removed from that point in the same given time: therefore, the amount supplied and the amount removed must be proportionate to the needs of the point mentioned. The blood supplied contains the elements of nutrition, and the necessities for ordinary repair. The amount removed, that which passes on its journey back to the heart, contains the

waste materials, the product of local combustion and disintegration.

During any diseased action the proportion between the amount supplied and the amount removed is changed and adapted to the needs of the situation then existing. This change in the circulation we call inflammation, therefore, all disease is attended by inflammation, and we may say *is* inflammation.

Inflammation is divided into acute and chronic, and we might also say *hyperstatic* and *hypostatic*. In an ordinary acute inflammation there is an increase in the amount of blood sent to the point involved, until, not only are the ordinary capillaries over-distended with blood, but new ones develop sometimes in great numbers in order to accommodate the extra amount of blood supplied. This accounts for the heat, redness, pain and swelling, which are the symptoms of an acute inflammation.

Meantime, the avenues of exit for this increased volume of blood are not equal to the situation. The pressure is increased in the capillaries, and the pressure from behind continues, which results in the oozing through the walls of the blood vessels of not only the serum of the blood, but many of the blood cells, all of which is taken up into interspaces of the cellular tissues as water is taken up by a sponge.

When the congestion begins to subside for whatever reason, the effort at repair immediately begins, the capillaries surrounding the area involved have increased in number as well as in caliber, the local portion of the effusion is re-absorbed and carried away, but the plastic element in the effusion has begun to coagulate and become adherent among the fibers of the cellular tissues. This becomes a foreign body interfering with the circulation, producing pressure on terminal nerve fibers, and is a source of disturbance in many ways. This condition might be called a hyperstatic or acute inflammation.

The opposite of this picture is one in which, from lack of proper nutrition, or from any depleting influence, or on account of situation or obstruction, the outflow of the venous blood in a specified area was not sufficient, the blood accumulates, distends the veins and the venous capillaries, effusion occurs from intravascular back pressure, the connective tissue takes up the effusion as before, and the distended area is the result. In this picture the condition of the blood is

different from the preceding one; it is venous, it has lost much of its plasma, and its ability to coagulate is very much limited It is capable of producing the same pressure upon the surrounding circulation and terminal nerve fibers, but the resulting adhesions are much weaker on account of the lack of plasma. This is the *hypo*static variety. These are the conditions which call for the efforts of the physical therapeutist.

The hypostatic condition is present in all tubercular affections, particularly so in tubercular joint affections of the spine or extremities.

Whether *hyper*static or *hypo*static, it is a condition which should not be, and the natural forces are forever making the effort to clear them away. Acute inflammations often develop in these areas as the result of the struggle for a better condition of things. Varicose veins and indolent ulcers are always a hypostatic condition. No one was ever called upon to treat an indolent ulcer of the arm, unless possibly a case of continued pressure from long confinement in bed. They are always the result of stagnated circulation and found in the lower part of the leg.

A wound in the scalp will heal quickly almost in spite of us; one in the perineum will often fail to heal in spite of us, because of the difficulty in getting rid of the venous blood. When the area occupied by effusion is too large or the effusion too dense, so that the surrounding circulation cannot clear it away and re-establish itself within a certain time, the most central point, or the point furthest from possible escape, dies and suppuration occurs, and a cavity is produced by the conversion of the infiltrate, and some of the cellular tissue in which it was deposited, into pus. The pus increases in quantity, and by pressure along the line of least resistance works its way towards some point of escape. When this abscess has reached that point, and can empty itself, the surrounding tissue is relieved of pressure, resistance to circulation is removed, and resolution can begin. When this occurs at a point where the tissues are soft and elastic, a great amount of swelling can occur and there is little pain, but where there is a good deal of resistance, as in subperiosteal inflammation, there is much and often very severe pain; but wherever there is pain there is very sure to be an infiltration which is pressing upon a nerve or its terminal fibers, and the pain is pretty sure to be felt at the termination of the nerve wherever the pressure may occur.

The location of the pain, therefore, is not always at the point of the disease. The condition called neuritis is usually due to an inflammation at some point along the line of the nerve in the surrounding tissue, and not a direct inflammation of the nerve itself. The pain is often telephoned to the end of the nerve some distance away.

Treatment. In working out a method of treatment for these conditions I am sure we shall be aided if we study out some form of subdivision of the body into regions, the contents of which are closely related to each other. This leads to more definite and intelligent work. This is not, by any means, an original idea, but most of the divisions I have seen have been too elaborate to be easily memorized. Out of my work has developed this.

Beginning with the spine, we find that the first four nerves given off supply principally the back and top of the head and neck, the next four cervical and the first dorsal supply the shoulder and arms; the balance of the dorsal nerves supply the intercostal and other muscles which preside over respiration except diaphragm and those extending from the sternum and the hyoid bone to the chin, while those nerves given off in the lumbar region supply the lumbar and abdominal muscles. The balance of the spinal cord has already become the cauda equina by separation into individual nerves which pass downward through the pelvis to form the sciatic and anterior crural nerves. The great and small sciatic nerves which supply the muscles of each hip have their exit at the sciatic foramen which is located almost central to a circle which would include the great trochanter of the femur, the center of the sacrum, the crest of the ilium, and the tuberosity of the ischium.

The branches of the small sciatic pass upward and forward to the top and side of the hip, (interdigitating with the branches of the lower lumbar nerves) and those from the great sciatic extend downward and backward to the nates and back of the thigh, and are the whole nerve supply of the lower leg and the foot, passing through the popliteal space where it divides into the anterior and posterior tibial. The anterior tibial is found in front of the outer malleolus, and the posterior is found behind the inner malleolus, beside the posterior tibial muscle, which is one of the chief factors in the prevention of pronation of the foot, the great liability of every one, and the beginning of most of the physical imperfections. Behind the

inner malleolus the posterior tibial nerve divides into two branches, one of which supplies the first three toes and half of the fourth, the other supplies the other half of the fourth and all of the fifth. This may account in part for the pain in anterior metatarsalgia or Morton's toe, which is due to nerve-pinching, so far as I can discover. The anterior crural supplies the front and inner side of the thigh.

According to this subdivision we have the upper and lower cervical, the dorsal, the lumbar, the sciatic, the anterior femoral, the anterior and posterior tibial, and the plantar regions, and I am sure we shall find many more of the functional difficulties within the grasp of these regions, through the nerves contained within them, than we have been led to believe.

The contention of the osteopath and the chiropractor regarding the influence of the intervertebral nerves over functional and pathological conditions, is too true to be lightly considered or disregarded, but I am sure that their pride in their familiarity with anatomy would be increased with the increase of the breadth and scope of their studies sufficiently to include the muscles, and the pathology of inflammation; also a little more care in the measurement of the intervertebral foramina, and the examination of the intervertebral articulations.

The profession should awake to two facts: First, that the work of the osteopath, though open to many criticisms, had better be explored than ignored; Second, that the delegation of all mechanical work to the masseur or masseuse (who knows little of anatomy and less of pathology), because it may appear to be "infra dig." for the doctor, or require too much time, is a mistake and very liable to result in failure and discredit.

Most of the conditions found in the different regions mentioned develop as a blot of ink spreads on a paper, from the center outward, and efforts at recovery must be conducted systematically in the opposite direction, and in the direction of the venous circulation. It is not only convenient, in treatment of the spinal region to lay the patient face downward, but as nerves and blood vessels utilize the same avenues, the arteries pass from the aorta backward between the ribs to the erector spinæ muscles, and the veins forward through the same channels, therefore, gravity immediately assists the exit of venous engorgement. If a patient could maintain a face-

down position during a long illness we would have much less spinal congestion and its results to treat. Sciatic neuralgia is usually due to pressure upon the nerve at its exit from the sciatic foramen or soon after, or at some point along its course, by encroachment of a surrounding inflammation. A varicose leg would not be benefitted by beginning a massage treatment at the foot. The venous circulation must find an exit through the superficial into the deep femoral vein, which opening is at the upper end of the thigh, and all the accumulated blood between the foot and the point of exit must go first. Therefore, the foot will be benefitted by treating the thigh, but never should treatment of leg difficulty begin at the foot.

Headache, cough, throat difficulties, asthma, gouty fingers, brachial and pectoral neuritis, may have their origin in the cervical and dorsal region under the erector spinæ muscles.

Many functional disturbances of the stomach and abdomen, such as dyspepsia, belching, bloating, and even painful conditions simulating the pain from an appendix or gall stone, also lumbago and the pains often attributed to disease in the kidney may be corrected and cured by treatment of the lumbar spine.

All kinds of sciatic neuralgias are liable to radiate from the center of the sciatic area.

There are many much finer subdivisions made of the spinal regions, and many physiological changes are reported following tapping of the different vertebræ, but most of these must be temporary if actual, and of limited value.

Wherever there is an effusion, there will be pain or muscular tension, or both, which will not disappear until the effusion is removed; and, as a rule, the pain is removed by treatment, not by rest, although while at rest the pain is not always evident.

I have called your attention to these already familiar facts, in order to show the relation between the treatment and the disease, or better, the condition to be removed or readjusted, and the means of doing it, for the conditions appropriate for the efforts of the physical therapeutist are those which attend or succeed and result from the actual operation of the disease. During the height of the disease physical therapeutics are but an aid to the efforts of other therapeutic measures, but after the storm is over, the re-adjustment back to the normal can only be complete by the aid of physical therapeutics, and the

many chronic diseases which are constantly presenting themselves to our notice, develop out of the failure from one cause or another to attend to this very important part of the program. I am sure, if this very important matter were fully appreciated and properly attended to, that rheumatism, headache, skin disease, and many of the so-called hereditary diseases would disappear from the list, and the many methods, systems, and patent medicines now adopted for the entertainment and often injury of the victim, would be eliminated. Heredity has many things charged to it that do not belong there, and for which there are other good reasons, and the habit of attributing to gonorrhœa and syphilis all the chronic diseases that we accept as incurable, is unnecessary in the great majority of cases, and is liable to lead to some unnecessary surgical operation that may subtract from the patient one or more of his possibilities which are needed for his struggles through life.

Very frequently a plastic exudate, the product of an inflammation, which may develop gradually or suddenly, may be mistaken for a tumor; this is especially liable to occur in the pelvis, in the broad ligament, or the pelvic cellular tissue; or it may by inclusion or contact produce enough pressure upon motor or sensory nerve to cause muscular contraction, local reflex pain or disturbance of inter-communicating nerves, or of nerve centers, interference with metabolism, and be directly or indirectly the cause of many of the chronic diseases that are attributed to heredity, syphilis, error, thought, or nerve pinching from vertebral dislocation.

In the consideration of the treatment, there are two things to be borne in mind: the condition, and the effects or symptoms; also the fact that both are not always or often located at the same point. Large bloodvessels and nerves are always located on the other side of, or behind something, and their subdivisions are sent from there to the more accessible or contiguous parts; therefore, pain and its cause are seldom to be found at the same point. Automatically, electricity for rheumatism, the high frequency current along the painful area in so-called neuritis, or the use of the vibrator along the surface of spastically contracted muscles is usually not beneficial. The cause of the trouble is around the corner, at the other end of the nerve or of some other nerve that gives to or receives from the one apparently affected a communicat-

ing branch; or it is an adhesion beneath or behind the muscle spastically contracted. Paralysis is not usually the direct cause of atrophy, but leads to mal-alignment or other cause of disuse that leads to atrophy. Neuritis is very liable to be a misnomer, for the nerve is so small, and its blood supply so meager that inflammation of a nerve is not liable outside the boundaries of the spinal canal; but a nerve might be included in a contiguous inflammation. The intervertebral foramina are so large, and the nerves so small that if mal-alignment beyond a physiological possibility were possible, it could not pinch the nerve. These intervertebral foramina also contain an artery and a vein, and some connective cellular tissue filled with fat. If the foramina could pinch the nerve enough to produce pain or disease, it would also obstruct the blood vessels, and produce changes in nutrition, which would become pathological.

These few remarks are not intended to cover all the conditions that the physical therapeutist is called upon to treat, but are directed to the two classes of conditions, rheumatism and neuritis that furnish the material for the grand army that makes its annual pilgrimage to the Springs, the Baths, or the Sanitaria, or are crucifying the flesh in one way or another by a selective diet which is changed from time to time in the attempt to meet the personal needs of the individual, but which still fails to produce the desired result.

It is also aimed at the list of semi-orthopedic conditions called flat foot, broken arch, fallen arch, shortened tendon, stretched tendons and ligaments, all of which have thus far never happened. But these conditions, which are incorrectly labeled, are responsible for the fact that more than 75 per cent of the people are in some way more or less physically imperfect in alignment of leg or spine, or level of hips and shoulders, and more than one-half of the would-be soldiers, policemen, postmen, and nurses are refused.

Muscles can shorten or lengthen, *ligaments* and *tendons* never, unless broken or torn loose. Flat foot is an error of position not change in arch. Bowed leg or knock knee is usually due to deviated foot; unlevel hips and shoulders and spinal curvature are usually due to unequal vitality or ability in the legs below, and cannot be corrected without including the condition of the legs and the deviation of the feet in the treatment.

Tubercular joints are never restored to normal, or made useful, by fixation, although the activity of the disease process may be arrested.

I am hoping for a better pathology, a more successful treatment, and therefore better efficiency, which is so much talked about and desired.

REPORT ON A SERIES OF NEPHRECTOMIES*

By Leon T. Ashcraft, M. D., F. A. C. S., Philadelphia, Pa.

The removal of a kidney is always a serious step. It should not, therefore, be undertaken rashly, but only after the most careful consideration of all the circumstances. A diagnosis warranting this procedure must first be indubitably established; and, in the majority of cases, the fact that the other kidney is capable of taking care of the economy must be proved beyond any peradventure.

A careful history should be taken, after which a cystoscopic examination should be made and bilateral ureteral catheterization done, the microscopical, bacteriological and chemical findings compared. If necessary, use should then be made of the x-ray, pyelography, and the injection of some of the urine removed by catheterization from each kidney, into guinea-pigs. Possibly injections of old tuberculin may also be given the patient, in order to determine whether tuberculosis is the cause of the renal disease, as is very frequently the case. In fact, with the exception of two cases, all my nephrectomies were performed on account of renal tuberculosis. Consequently, the major part of this discussion will concern the necessity for nephrectomy in that disease. The only two instances in which other causes were at work were one case of hypernephroma and one of septic infarct, both necessitating immediate operation.

The following is a summary of the fifteen cases:

Sex and number of cases:

Male	4
Female	11
Total	15

*Abstract of paper read before the S. and G. Society, A. I. H., June, 1915. Published in full in the *New Eng. Med. Gazette*, Sept., 1915.

Ages:
- Male, oldest 46
- youngest 30
- Average 37
- Female, oldest 67
- youngest 17
- Average 45

Onset Symptoms:
- Hematuria 4
- Pain over affected region, with frequency of urination..... 6
- Suggesting renal colic..... 2
- Frequency of urination only..... 1
- Pain over affected region with no urinary symptoms..... 1
- Symptoms of perinephritic abscess..... 1

Diagnostic measures employed:
- Cystoscopy
- Ureteral catheterization
- Laboratory findings
- Renal function
- Old tuberculin (on tuberculous cases)
- Guinea pig injection
- X-ray
- Pyelo-ureterography

Diagnosis:
- Tuberculosis, right kidney 5
- left kidney 7
- Pyonephrosis 1
- Hypernephroma 1
- Septic infarct 1

Kidney function, pyelography:

All showed diminished function and quantitative output on affected side, with diminished output of urea.

Pyelography in the cases examined by this means showed varying amount of destruction of the kidney pelvis on the affected side.

Operative findings (Nephrectomy in all):

Of the 12 tuberculous cases, varying stages of tubercular degeneration had taken place.
- Early stages 3
- Diffuse-caseo-cavernous 3
- Moderately advanced 3

Period in the hospital:
- Longest .....75 days
- Shortest .....13 days
- Average .....38 days

Complications:
- None 3
- Anuria, first 24 hours..... 5
- Mild sepsis 4
- Profound sepsis 3

Results:

Cures	14
Deaths	1

The majority of these kidneys were removed through the curved lumbar incision, without resection of the last rib. In two cases, however, it was necessary, owing to the size of the kidney, to remove this rib. Such a procedure is not without danger, on account of the added risk of wounding the pleura; and even after removing the rib, one is frequently disappointed by the result. The object is, of course, to secure more space; but I have sometimes found that inability to bring the kidney freely into the wound is not due so much to the lack of space as to a short pedicle or to the fact that the kidney is bound down by adhesions.

In early cases of tuberculosis, where purulent degeneration has not occurred, the wound is closed absolutely tight and the dressings are left undisturbed for four or five days, unless the temperature-chart or the appearance of the outer dressings indicates the presence of pus. If much pus is present, a little wick of gauze is inserted in the lower pole, so that gravity may favor drainage. At the end of forty-eight hours, the gauze drain is removed.

The wound is irrigated with antiformin, one dram to the pint. If there is persistence of pus, one may dress the outside with gauze soaked in the antiformin solution, these outside dressings being removed in twenty-four hours. The dressings are renewed every twenty-four hours.

In the very early, so-called "clean" cases, the patient may be propped up in bed at the end of forty-eight hours, and be out of bed within four or five days. In suppurative cases, however, they must remain in bed for at least a week before being propped up, and may not be out of bed for ten days.

If there is a continuation of the pus, a smear should be taken, and a culture made from it; and if the temperature still keeps up, an autogenous vaccine should be made. Often, in spite of the presence of tubercle bacilli, a mixed infection, usually with staphylococci, will be discovered. One-tenth of one cubic centimeter of this vaccine should be administered every four days, until the temperature becomes normal.

For persistent cystitis, the bladder must be irrigated daily with 1 to 50,000 bichloride of mercury solution, commencing with 30 to 60 c.c.; and at each subsequent treatment, increasing

the amount of fluid and the strength of the solution. Sometimes I employ a six per cent carbolic acid solution or a saturated solution of boracic acid. In all circumstances, I inject, after each irrigation, 10 c.c. of a twenty per cent solution of carbonate of guaiacol, and one per cent iodoform, in olive oil. It is remarkable what a beneficial effect this seems to exert on the bladder. By means of these methods, the capacity of the bladder is increased. The urine becomes quite free from pus, blood and débris; and the interval between the acts of micturition is prolonged from two and a half to three hours. This is true, not only of those who have been nephrectomized, but also of those in whom the tuberculous process is too far advanced for operative interference.

The local pain may be combated by means of opium suppositories. The yellow oil of sandalwood, potentized tuberculin, and bacillinum are also of value. The hygienic treatment is that employed for tuberculosis anywhere in the body.

Discussion

Dr. Booth, Minneapolis: I believe radical operation, or removal, is the conservative operation, because when the involvement is not so great, and the adhesions not so dense as to permit extirpation without rupture, with complete closure of the wound without drainage, your prognosis is much better. This may not be possible, but if the wound can be completely closed you avoid the possibility of infection, and mixed infection is more dangerous than tuberculosis itself.

Dr. Beebe, Ann Arbor: I would like to emphasize one point which Dr. Ashcraft has made as to the removal of the last rib. I think that point is very valuable, very important, because probably adhesions or something of that sort have been the cause of the trouble.

Dr. Ashcraft (closing the discussion): If pyelography, and other examinations fail, and an element of doubt exists, then try an injection of tuberculin. These borderline cases should be kept under observation, and should be gone over from time to time. Never take out a kidney unless you are compelled to do so.

Serum Test for Pregnancy. 10 cc. of the patient's blood. Separate the serum. Pour the serum together with an equal amount of solidified albumin into a parchment bag and hang in a receptacle containing water. If the blood is that of a pregnant woman, the serum will so act upon the albumin that the albumin will pass through the parchment into the water, where it is easily detected by albumin reagent. If the water contains no albumin, the patient is not pregnant. This is equally true in extrauterine pregnancy.—*Reinhardt, American Journal Urology and Sexology.*

GERMICIDES IN GYNECOLOGY AND ABDOMINAL SURGERY*

By Edgar R. Bryant, A. M., M. D., San Francisco, Cal.

In no branch of medicine or surgery has iodin achieved more brilliant results than in gynecology. As a preliminary preparation to work in the vagina or in the abdomen, or as an application to pathological conditions of the pelvis it possesses no equal. When an intrauterine electrical treatment, or the passage of a sound or dilator is anticipated, the operator needs but coat the vagina and cervix uteri with iodin, and all fear of infection will be dispelled. When more severe work is to be performed, as operations on the walls of the vagina or on the urethra, or on the cervix, the uterus, or operations within the abdomen through the vagina, a simple application of iodin to the mucous surfaces supplies a perfect disinfectant. Equal parts of absolute alcohol and iodin may cause less irritation and be fully as powerful. For minor operations and treatments in the office, no scrubbing or the application of other drugs is necessary.

Catarrh of the cervix, and leucorrhea often disappear after treatments with iodin and douches of a drachm of iodin to the pint of sterile water. After curettage for miscarriages the copious application of iodin to the uterine wall will prevent the spread of infection, and cut short its progress if present. This simple application is a wonderful advance on the old methods. Infection of the uterine adnexa and pelvic abcesses no longer follow abortions when iodin is used. Gonorrhea also quickly succumbs to the virile action of this drug.

Ostrom uses iodin in gynecology extensively. He states that granular hyperplasia of the cervix is frequently cured with iodin alone, or iodin and carbolic acid, equal parts, or with Churchill's tincture, and tampons moistened with a saturated solution of iodin crystals in sterile glycerin. Some forms of leucorrhea, especially cervical, find almost a specific in an iodin douche.

In an article on iodin in the treatment of infections and in the preparation for surgical operations on the generative organs of women in the *Medical Record*, February 1, 1913, Dr. Wesley Bovee, of Washington, D. C., details explicitly the conditions in which this treatment was applicable: Acute infections of the vulva, vagina, urethra, and the whole of the endometrium; acute

*Surgical and Gynecological Society, 1915, Abstract.

peritoneal infections with proper limitations; chronic conditions following infections of these structures and of the tubes, ovaries and pelvic peritoneum; in pelvic surgery requiring examination manipulations or operations on or through the vagina; in such procedures as required opening the cervical canal or uterine cavity from either the vaginal or peritoneal side; as a routine method of preparation of the field of operation on all these structures as well as the rectum.

Dr. I. S. Stone (*Jour. A. M. A.*, March 1, 1913), relates conservative treatment of salpingitis by uterine and tubal injection. His aim is to sterilize the uterine and tubal mucosa preliminary to laparotomy, and to leave at least one tube and ovary, or even part of a tube and part of an ovary, when the mucosa of the tube has not been hopelessly destroyed. The cervix uteri is seized with tenaculum forceps, carefully dilated, and a blunt curette used if thought necessary. A two-ounce glass syringe is selected, with a conical point which will reach through the internal os uteri. An ounce of diluted tincture of iodine (1 part to 3 of alcohol) is injected forcibly into the uterus, distending it by strong pressure. The pressure is continued for at least two minutes. The abdomen is opened and conservative work continued, a tube is carefully irrigated and distended with strong pressure of the piston from its distal extremity, whether the fluid has passed through the cornua or not.

The application of iodin to the distended uterine cavity is of far more value and efficacy than is the common practice of packing with gauze tape saturated with an antiseptic, or the use of a return flow catheter. In a large number of instances, especially in infected uteri, it will be possible to project some of the fluid through the cornua into the tubes. Some authorities, as Zweifel, think that in at least one out of four cases this is true. Aulhorn believes that nearly every uterus and fallopian tube is easily reached by injection. He uses argentamin, and does not open the abdomen. H. Hoffman gives a summary of various methods of conservative treatment of the uterine adnexa, including the methods employed by Fleishmann, Lewith, and others who open the abdomen and practice a technic similar to ours.

Joseph C. Bloodgood (*Progressive Medicine*, Dec., 1913), corroborated Dr. William S. Halsted's recommendation that catgut be displaced by small black silk which is kept on glass spools and handled only by the operator.

Dr. Halsted (*Jour. A. M. A.*, April 12, 1913), discards catgut: "The relatively high cost of catgut, its bulkiness, the inconveniences attending its use and sterilization, its inadequacy, the uncertainty as to the time required for its absorption, and the reaction which it excites in a wound, induced me to discard it completely for clean wounds in surgery, both of the human subject and of animals."

Quain discards undue catharsis (*Prog. Med.*, June 1, 1913), with the following conclusions:

"The food normally passes rapidly from the stomach and through the small intestine. The small intestine is practically empty six hours after an average meal. In the cecum and colon, the bowel contents remain for from twenty-four to forty-eight hours.

"The maintenance of a certain equilibrium between the physiological and bacterial process in the intestine is necessary for normal bowel function. Saline cathartics disturb this poise to a marked degree. After the intestinal mucosa has been depleted and exhausted by any powerful cathartic, some time is required to recover its energy. During this period bacteria flourish unmolested by intestinal ferments.

"Patients who are prepared for laparotomies by a restricted diet and rectal injections have a much more pleasant postoperative recovery than patients who have been purged.

"Plain water for proctoclysis is being widely adopted to the exclusion of normal saline solution. The large intestine tolerates warm water as well without salt as with it. Thirst is alleviated more quickly and effectually."

Hormonal. Many articles on the untoward effects of this preparation have appeared during the past year. They all indicate its unreliable and dangerous characteristics. Many instances of extreme collapse, and several deaths, have followed its administration. There is no way of foretelling which are the unsuitable cases. As indicated last year, this preparation has no place in therapeutics.

Pituitrin is ardently advocated by Klotz as a postoperative remedy in abdominal cases. According to him, (1) It raises blood pressure and improves the circulation; (2) It stimulates all smooth muscles, hence increases peristalsis; (3) It increases diuresis.

Because of its remarkable ability to stimulate uterine contrac-

tion, it has been extensively used by obstetricians. No ill effects have been reported.

Camphor oil treatment of peritonitis. The interesting experiments of F. Heimann are worth recounting in part. Heimann found that neither olive oil nor camphor in oil, injected into the peritoneal cavity, protected animals from infection following subsequent inoculation of pathogenic organisms into the peritoneal cavity, nor was there any delay in absorption of the organisms. Furthermore, camphor oil is not a harmless or innocuous substance. It was found that 10 per cent camphor in oil was fatal to the animals, while a 2.5 per cent. solution evoked severe toxic symptoms.

These experimental findings have received confirmatory evidence in the article by Rubsamen. He reported putting 170 c.c. of 10 per cent. camphor oil into the abdomen just before closure. Camphor poisoning ensued with death at the end of fifty-five hours. At post-mortem there were still 70 c.c. of camphor oil in the peritoneal cavity.

Hoehne, who advocates the use of camphor oil, replied to Rubsamen's statement, saying that 10 per cent. was too strong. He recommended 1 per cent. camphor oil, from which no ill effects were ever seen.

There has been much discussion in the literature regarding oil, with or without camphor. Some men have claimed brilliant results, and others have failed to note any effect which could be ascribed to action of the oil. The intraperitoneal application of both iodin and camphor oil, are attempts to prevent the consequences of inadequate asepsis by the use of antiseptics.

As to its role in preventing adhesions, the fact that oil will rise to the uppermost part of the abdomen is not mentioned in the articles I have read. It is hard to see how anyone who puts oil into the pouch of Douglas can expect it to remain there, except with the patient in the extreme knee-chest position.

According to the practical experience of the Mayos, and the experimental evidence obtained by Ligabue, vaseline is the most suitable substance for preventing adhesions.

Why Obstetrical Practice Should Rank as Major Surgery. It is estimated that 20,000 women die in this country annually as a result of pregnancy. Only one-fourth of these die from eclampsia, apoplexy, rupture of the uterus, hemorrhage or heart disease. The other three-fourths die from infection.—*Greene.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

JOURNAL COMMITTEE

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Address all communications to The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.

VOL. IX. AUGUST, 1916 No. 2

EDITORIAL

Dr. William W. Van Baun. The campaign of the Pennsylvania members was cordially endorsed by the Institute members in making Dr. Van Baun President of the Institute for the year 1916-1917. Dr. Van Baun's constructive work in bringing Hahnemann of Philadelphia to its present position as an educational institution is prophetic of the service which will be given to the Institute during the coming year. The readers of the JOURNAL are referred to Dr. Van Baun's message on "The Personal Factor" upon another page of this issue. We bespeak for the incoming President the cordial support of every member in the Institute. *S. M. H.*

Reorganization and Federation. The action of the Institute on these two projects, in their final presentation, was decisive and unanimous. Dr. Sawyer's plan of reorganization as outlined in the March JOURNAL, was presented to the Institute Monday morning and referred to a special committee, Drs. Carmichael, Sawyer and Burrett. On Tuesday morning the Institute adopted the committee's report and instructed the

Board of Trustees to put the same into effect on or before September 26, 1916. The committee's recommendation was, in brief, to recognize two departments, Administrative and Professional: that the Administrative Department, having control of business affairs of the Institute, be represented by an Executive Committee of three members of the Board of Trustees, who shall employ a General Manager, a Secretary-Treasurer, and an Editor, all of whom shall be preferably members of the Institute; that the Professional Department shall have charge of the scientific work of the Institute, and be under the direct supervision of the President and other officers.

The work of Federation was also speedily brought to a definite presentation by being referred, on Tuesday, to a special committee, Drs. Parsons, Martin, Maddux and Kendall. This committee presented a concise plan of Federation comprising seven propositions to be submitted to each state society. This report is printed in full upon another page of this issue and will be submitted in reprint to every state society for definite action.

In accord with the action cited above, the Executive Committee, of which Dr. Sawyer is chairman, makes an important announcement upon another page of this issue. *S. M. H.*

National Service. The Institute went on record by unanimous resolution presenting to the U. S. Government all the resources of homœopathic hospitals, and urged all members, not physically disqualified for army service, to report to the Government for any service which might be demanded. Dr. Conrad Wesselhoeft of Boston recently returned from Europe has been appointed First Lieutenant of the Medical Corps in the Eighth Massachusetts Infantry and is already off to the Texas front. Dr. Charles H. Cogswell, Honorary President, has given two sons to military service. Dr. John W. Cogswell Professor of Obstetrics and Gynecology in the Homœopathic College of the Iowa State University, and editor of the *Iowa Homœopathic Journal,* is Lieutenant in the First Iowa Cav-

alry. Dr. Charles H. Cogswell, Jr., is with the American Ambulance Corps in France. Dr. William J. Buck of Gainesville, Florida, has also been called into active service. *S. M. H.*

Military Honor. In December, 1914, Dr. Leon Brasol of Petrograd, an honorary member of the Institute, "was promoted for distinguished service to the rank of Actual State Councilor" (corresponding to that of major-general in the army). This distinction was an official acknowledgment of the good work done in the Petrograd Homœopathic Hospital, of which Dr. Brasol is such an effective part. From September, 1914, to November, 1915, the forty beds of the Hospital were always occupied, and during that period 300 sick or wounded soldiers passed through its wards. The patients were sent to the Hospital by the Petrograd Military Distributing Hospital, so that in this official use of the Hospital and in the distinction conferred on Dr. Brasol we have, as it were, a double official acknowledgment of Homœopathy. This should be a stimulation and encouragement to homœopathists everywhere. A further distinction has been conferred upon Dr. Brasol as Superintendent of the Petrograd Hospital, as is indicated in the following quotation: "His Imperial Majesty, in view of the services rendered by you to the Red Cross Society, in the present war, has been graciously pleased on the 14th day of November, 1915, to make you a Knight of the Order of St. Vladimir of the 4th degree. Congratulating you on this Imperial Act of Grace, I have the honour to inform your Excellency that the cross and patent will be despatched later."

Those members of the Institute who have been privileged to meet Dr. Brasol feel sure that he has deserved this official recognition of his meritorious services, and extend to him their hearty congratulations. *J. P. S.*

Acute Poliomyelitis. The epidemic now prevalent in New York City is stirring the therapeutists and the laboratory students to a fresh effort in etiology and treatment. There is an

excellent field here for the research worker of every complexion to save the children from this scourge of life. Dr. Cecilia Kimball, in a recent personal letter, writes that up to Saturday, the 15th, she has seen three hundred and seventy cases, and speaks hopefully of an arrest of further progress. A request has been made from members in New York City to furnish a record for the next issue of the JOURNAL of the present status of the disease in homœopathic hospitals and dispensaries. *S. M. H.*

Harris H. Baxter. Dr. Baxter, First Vice-President of the Institute at the 1915 session, died in Cleveland, July ninth. Dr. James C. Wood will prepare a memorial for the September JOURNAL.

The Code of Ethics. The Institute has always been keen to maintain a high professional standard. The members are urged to renew their familiarity with the ethical code adopted by this organization, and reprinted in this issue.

To Institute Members, Journal Subscribers, and Advertisers. Beginning August 1, 1916, all accounts with the American Institute of Homœopathy will be established at 829 Marshall Field Building, Chicago.

NEW HEADQUARTERS

To the Members of the American Institute of Homœopathy

The Executive Committee appointed by the Board of Trustees of the American Institute at the Baltimore meeting, wish to announce that in accordance with instructions they have secured a commodious four room suite of offices on the Washington Street side, eighth floor, Marshall Field Building, Chicago.

These offices consist of a reception room, a Secretary-Treasurer's office, an Editor's office, and commodious file rooms. They are all newly decorated and finished and furnished with regard to the needs of the Administrative Department of the Institute.

Dr. Sarah M. Hobson and her working force have already moved into the new quarters and within a short time all details will have been worked out to put into operation the new plan adopted at Baltimore.

It is the present intention of the Committee to remove the Treasurer's office from New York at once. By August 1, all of the departments of the Institute will be located and in operation in the new quarters.

All members of the homœopathic profession are requested to visit the new Institute offices whenever visiting Chicago. We now have headquarters for Homœopathy worthy the name.

The latch string is out to any and all. Your Committee solicit coöperation of every member of the profession and would have every homœopathic doctor in the country help to bring to the attention of all the fact that the American Institute is a living, thriving, working organization for the promotion and perpetuation of all things homœopathic.

Charles E. Sawyer,
Joseph P. Cobb,
Frederick M. Dearborn,
Executive Committee.

July 25, 1916.

THE BALTIMORE SESSION—1916

At Hotel Emerson, the Local Committee began its campaign of hospitality by having one or two members in continuous attendance to greet the incoming guests. The exhibitors were busy all day Saturday in preparation for the Institute membership.

On Sunday Drs. Evans and Stevenson took an early train to Martinsburg to meet the Chicago special train. All day members registered at the Hotel and by evening a goodly number had assembled for the Memorial Service.

Sunday Evening—Memorial Service

This service was in charge of Dr. George T. Shower of Baltimore, who made a brief address in recognition of the honor roll of absent members. The Reverend John B. Van Meter, former president of Goucher College, made the prayer, and several musical selections were given by Mrs. Wanda H. Kurtz, Mrs. C. C. Rabbe, Miss Irma Rabbe and the Messrs. George E. Pickering and Fred Schuerman.

Dr. Reuben A. Adams presented the record of the year's dead. He paid tribute to the members who had gone to the Great Beyond, giving in intimate fashion a few details of such members as had been prominent in Institute or College affairs.

Dr. Edwin H. Pratt gave the Memorial Address. Dr. Pratt spoke without notes, because he wished to make it the address of his audience. "This is your address," he said, "not mine." He sounded a personal note, when he called Dr. Charles Vilas, a classmate, to the chair beside him, and recognized in the audience Dr. Elmer Vaughan, his comrade in work at the Chicago Union Hospital. Dr. Pratt made a plea for personal

liberty in spiritual things, for the elimination of family discord and of business worry.

He cited the biological process of sporification as suggestive of death, a transition from earthly life to the new life beyond; character, as the sum total of unit decisions of judgment; the carrying-power of the spirit world as resident in the subconscious life. There was no doubt in the speaker's mind of individual life after death, recognition of the personality in the after-life, and the doctrine of re-incarnation was neither unwelcome nor improbable.

As a practical rule in life, the orator pleaded,—"Throw the bouquets while a man is alive. It will help a man live longer. Things are true to us as we are true to others."

Monday Evening

Monday was hot. And it was a pleasure to gather in the Roof Garden of Hotel Emerson for the evening welcome and the dancing. Vice-President Costain opened the session with a short introduction. The Governor was represented by his Secretary of State, the Mayor of Baltimore, by his Secretary, while Mr. Robert E. Lee spoke in behalf of the Convention Bureau. The response of Vice-President Brant was brief and pertinent.

President Aldrich's formal address on "Loyalty" fulfilled the promise of the business address in the morning. It was a fine *résumé* of the life and character of Hahnemann, and an exhortation to loyalty to homœopathic ideals and a continuity of purpose in the daily round.

The hours following gave opportunity either for dancing or social converse. Maryland hospitality was extended in generous measure by the entire Local Committee, acting through their Entertainment Committee.

Tuesday

Tuesday afternoon the Meissen went early to Bay Shore, where they were joined by the doctors for dinner. Dr. Fetterhoff, as chairman of transportation, was successful in arranging every convenience for the pleasure trip.

Wednesday

The Seniors held their annual meeting over the luncheon table. They added a long list to their membership, seventy-four new members. Dr. Charles H. Cogswell, Honorary President of the Institute, was detained at home by obligations in conjunction with the Texas complication and army service. Dr. T. Franklin Smith, for years Secretary-Treasurer of this organization, was sadly missed. The oldest attending Senior, Dr. O. S. Wood, a senior since 1860, was made President of the Senate of Seniors. Dr. Reuben A. Adams was elected by the Seniors, Honorary President of the Institute for the year

1916-1917. Dr. Charles E. Walton, a Senior ever young, was made Secretary-Treasurer.

The Fraternity dinners came off with such changes of schedule as suited the convenience of members and the meeting place. The Alumni of Boston University to the number of thirty, had a luncheon on Thursday with Drs. J. P. Sutherland, N. R. Perkins and Edward Beecher Hooker at the head of the table. Each one present was called upon for a brief message. Dr. Perkins presented in outline the prospective New England experiment of *conjoined examinations* as a possible solution to the vexatious question of State Board reciprocity.

Thursday

The trip to the Naval Academy at Annapolis had generous patronage. And every guest had an opportunity for automobile rides to the parks and suburbs.

The experiment of leaving one evening free for individual plans worked so admirably as to warrant a repetition another year. The ladies of the Meissen and their guests were entertained by the ladies of the Local Committee, under Dr. Marie Ingram's initiation, by a musical program in the Tea Room of The Emerson. The opportunity of entertaining small groups of personal friends, or of jaunts into the country and down the Bay, made the evening a pleasant recuperation from a formal program.

Friday

All the Bureaus were finished by four o'clock on Friday and a goodly number made the steamer trip down Chesapeake Bay. Dr. Stevenson was in charge and his subcommittee furnished a musical program. One of the exhibitors, Horlick's firm, furnished the ice cream for the downward trip, and the Local Committee served a buffet supper on the return.

Saturday at Washington

On Saturday more than a hundred Institute members went to Washington where they were guests at luncheon of the Washington Committee, Drs. Richard Kingman, Frank A. Swartwout, L. B. Swormstedt, G. C. Birdsall, L. D. Wilson and W. R. King. In coöperation with Dr. Cora Smith King, Chairman of the Committee on the Hahnemann Monument, the automobile party stopped at Scott Circle to pay a tribute to Samuel Hahnemann. Special permission had been obtained for flag decoration of the Monument and Circle. The ceremony was impressive and effective. Dr. Swartwout introduced President Aldrich and recalled the dedication of the Monument sixteen years ago. Dr. Charles Walton read a poem composed that morning in the Hotel lobby and another written in 1906 but hitherto unpublished. Addresses and poems are published elsewhere in this issue.

It was a beautiful conclusion to the Institute session, and the Washington medical profession, like that of Baltimore, left a lasting impression upon the Institute membership, of their gracious hospitality.

The Institute went to Baltimore as the guests and at the urgent invitation of the local profession. The choice was not made in the spirit of commercial enterprise, but in that finer spirit of fraternal loyalty. And the Institute was welcomed with genuine Maryland hospitality. Two weeks before the session, June 12th, the Baltimore *American*, in an editorial, extended their welcome to the Chesapeake State, "replete with historic and scenic interest." The *American* paid a tribute to the representative homœopathic physicians of Baltimore and to the work of their hospital, promising to the visiting physicians, "welcome and interest and inspiration."

This fragment of a letter from a member of the Local Committee breathes the same spirit of hospitality and loyalty: "Although we have been busy since Friday catching up the loose threads, our doctors feel since the Institute left, like the ultra-good people of this town felt last winter when Billy Sunday quit them, like the bottom had dropped out of things. Only, you all were much finer than Billy Sunday, more likely through the work of that busy week's sessions to do real good to people, by helping us to keep them at a maximum of good health. And what it did for us, the doctors of this state, in meeting the splendid men and women who were our guests for a week, we are just beginning to realize."

Business Sessions

Reorganization and Federation were the first important measures under discussion. Reorganization in line with Dr. Sawyer's proposed plan and the Revision of the Constitution and By-Laws, with some minor changes in phraseology, were received favorably by the Institute body. In accord with this action the Trustees appointed an Executive Committee of three in charge of the Administrative Department, Drs. Sawyer, Cobb and Dearborn. This committee is already actively at work executing the order of the Institute.

The conference on Federation elicited the most general discussion and interest of the Institute session. In accord with the recommendation and vote of the Institute, the committee's report was referred to the Board of Trustees for action. The Trustees appointed the Secretary to act in conjunction with the special Federation Committee in putting the question of Federation to the vote of each state society during the year 1916-1917, so that at the Institute session in 1917 there shall be definite records from the individual state so-

cieties. The report of the Committee on Federation is published on another page in this issue.

The names of two men conspicuous for service rendered the homœopathic profession in educational lines were presented for Honorary Associate Membership. These were Benjamin I. Wheeler, President of the University of California, and William O. Thompson, President of the Ohio State University.

Three men were nominated unanimously for Governors in the American College of Surgeons: Dr. James C. Wood, whose name has been intimately associated with the work of the College of Surgeons, Dr. William Van Lennep, one of the men "with faith and energy" who has helped to pilot Hahnemann of Philadelphia through a critical period of reconstruction, and Dr. Henry A. Whitmarsh, who is designated by his friends, "a gentleman and a scholar."

Fraternal greetings came from Brazil and from the British Medical Association, also from various absent members of the Institute whose names have been familiar in business affairs.

Fifty-six papers, out of the total of one hundred two, were turned in to the Press Committee, thereby endorsing Chairman Parsons' recommendation for a National Press Bureau and giving a promise of the time when a synopsis of every paper to be given on the Institute program will be presented to the chairman of each bureau. Such an arrangement would enable the bureau to make its program a unit without overlapping of material.

The registration was a total of five hundred ninety-eight.

The exhibits from the Colleges were particularly creditable. The display of living plants from Hahnemann of Philadelphia was a revelation to the superficial critic of our medical colleges. The New York College for Women exhibited a fine collection of water colors of medicinal plants. The Ohio State University exhibited the work done in laboratory materia medica, and Boston University presented a fine pathological exhibit. Of the other exhibits, those which contributed to physical comfort, Horlick's ice cream, the Franco-American bacillary product and the Pulvola foot powder were generously patronized.

The publications of Boericke & Tafel, of Blakiston, of Boericke & Runyon, as well as the table of the *New England Medical Gazette* and of miscellaneous publications gathered their quota of attendance. Mellins, Phillips, Mulford, the Denver Chemical Co., and Dennos Food are not merely commercial exhibits, but friendly aids to the practicing physician.

The stenographers, all of whom have been intimately associated either with the Institute or with individual members of the Institute, are a part of the Institute family organization and rendered their customary painstaking, faithful service.

ANNOUNCEMENTS

Officers of the American Institute of Homœopathy

Elected June 28, 1916

September 26, 1916—September 26, 1917

President, William W. Van Baun, Philadelphia.
Honorary President, Reuben A. Adams, Rochester, N. Y.
First Vice-President, Claude A. Burrett, Columbus, Ohio.
Second Vice-President, Florence N. Ward, San Francisco.
Recording Secretary, Sarah M. Hobson, Chicago.
Registrar, William O. Forbes, Hot Springs, Ark.

Trustees, 1916-1919

W. B. Hinsdale, Ann Arbor.
Scott Parsons, St. Louis.
John P. Sutherland, Boston.

Censor, 1916-1921

Anna Johnston, Pittsburgh, Pa.

Surgical and Gynecological Society

President, Geo. W. Roberts, New York.
First Vice-President, H. M. Beebe, Ann Arbor.
Second Vice-President, A. E. Booth, Minneapolis.
Secretary-Treasurer, Jos. H. Fobes, New York.
Censors, E. Weldon Young, T. E. Costain, James E. Krauss.

Obstetrical Society

President, Leon Loizeaux, New York.
First Vice-President, Julia C. Strawn, Chicago.
Second Vice-President, N. S. Betts, Philadelphia.
Secretary-Treasurer—G. A. Huntoon, Des Moines.

National Society of Physical Therapeutics

President E. C. Williams, Hot Springs, Va.
First Vice-President, Cora Smith King, Washington, D. C.
Second Vice-President, Geo. C. Dominick, New York City.
Secretary, E. P. Mills, Ogden, Utah.
Treasurer, Alden E. Smith, Freeport, Ill.

The Meissen

President, Mrs. H. S. Weaver, Philadelphia.
First Vice-President, Mrs. A. H. Gordon, Chicago.
Second Vice-President, Mrs. W. H. Dieffenbach, New York.
Treasurer, Mrs. W. H. Watters, West Roxbury, Mass.
Secretary, Mrs. T. E. Costain, Chicago.

Institute of Drug Proving

Dr. Benjamin F. Bailey was elected permanent Chairman and Dr. Rudolph F. Rabe, Secretary-Treasurer. Dr. Oliver S. Haines of Philadelphia was elected to the board of trustees of the Institute of Drug Proving, in place of Dr. J. B. Gregg Custis, deceased. A meeting will be called in the last week of September or early in October.

CORRESPONDENCE

Acknowledgment from President Wheeler

University of California
Office of the President, Berkeley, July 3, 1916.

Dr. Sarah M. Hobson, Secretary,
American Institute of Homœopathy.

My dear Dr. Hobson: I am greatly honored to receive your notification of my election as Associate Honorary Member of the American Institute of Homœopathy. I wish to express to the membership of that body my thanks and appreciation.

Very sincerely yours,
BENJ. IDE WHEELER.

National Service

July 24, 1916.

Dr. Sarah M. Hobson, Secretary,
American Institute of Homœopathy,
917 Marshall Field Bldg.,
Chicago, Illinois.

Dear Doctor Hobson:

The letters signed by the President of the American Institute of Homœopathy and yourself to the President of the United States and to the Honorable, the Secretary of War, dated July 17th, have been referred to this office for reply.

I am directed by the Surgeon General to express his appreciation of the offer of the services of the American Institute of Homœopathy to the Government in case of war. It is believed at this time that the danger of war with Mexico has passed. You can rest assured, however, that should conditions arise that require the services of your Institute, you will be communicated with.

I wish to convey through you to the members of your society the deep appreciation of your offer.

Sincerely,
Robt. E. Noble,
Major, Medical Corps, U. S. Army

THE PERSONAL FACTOR

By Wm. W. Van Baun, M. D., President-Elect

A. I. H., 1916-1917

The Editor of THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY asked me for a message and I gladly accept this opportunity to thank the members of the Institute for honoring me by a call to its executive chair for 1917, the greatest honor the profession can bestow. Along with the honor comes the responsibility which cannot be successfully met without the generous support and sympathy of all the members of the Institute. This I ask for with confidence.

Our President, Dr. Aldrich, presided with great dignity and ability. His address was a scholarly *résumé* of "Hahnemann and Homœopathy," admirably delivered before a crowded, attentive audience of laymen and physicians who received it appreciatively. The scientific work was all and more than could be expected. It was saturated with the force, originality and personality of the enthusiastic and tireless workers, and the uniform high standard of excellence left nothing to be desired. The amount of original research and investigation being done by our school is phenomenal and should be encouraged and sustained by the A. I. H., for it will redound to our lasting credit.

As a body politic, the American Institute of Homœopathy being a minority party, has an added responsibility not called for in a great, dominant party. It is the necessity of "keeping together." In the past we have been united in form, but jealousies, suspicions, contempts fostered prejudice, which in many instances has done our cause lasting injury.

Mingling with the four hundred earnest, faithful workers, representative physicians, men and women, gathered together from all parts of the United States at the Baltimore meeting, the impression was overwhelming, that underneath it all was a quiet, irresistible determination to move forward the interest and influence of Homœopathy. The stamp of sincerity was on it all. Carlyle tells us sincerity is the first quality of men in any way heroic. The simplest things in life often put us to the severest test. If we can forget self and our conflicting interests, this seems to be an opportune time to pledge ourselves to a unanimous faith and a passionate desire to unify our profession. Our greatest difficulty will be to overcome the inertia of indifference.

We are all feeling the anxiety due to our lack of preparedness. We are realizing on all sides the pressure of "benevolent assimilation." We must immediately federate our societies and mobilize all our resources and our physicians. To do this calls for a high quality of inventive intellect and the genius for organization. Fortunately Dr. Scott Parsons and his associates supply this immediate need and their report on the Federation of Homœopathic Societies with the American Institute of Homœopathy, the culmination of an interesting and vigorous campaign conducted over a period of three years, gives the desired framework to build and improve upon. The A. I. H. must remain free and independent. The state societies must remain free and independent. It looks as if the "Congress of States" will be the means to unite and federate our mutual interests.

The College Alliance under the lead of Dr. Copeland is doing splendid work and nothing is more opportune than its subject at this session, "The Immediate Need of the Homœopathic Colleges and the Function of the College Alliance." Of course, there are differences of opinion; this is necessary. All that is required is to keep up the interest and the agitation, and the correct solution will surely be found. We await with interest the publication of Dr. Copeland's address, "Homœopathy's Declaration of Independence."

"The State Board Problem" by Drs. McCann and Siemon of Ohio, and "The Legislative Problem" by Dr. W. H. Wilson, Chicago, elaborated by Dr. Nesbit of Philadelphia, should be published early so that members not present at these meetings can grasp and comprehend some of the immediate difficulties before the Homœopathic profession. These are simply three or four of the live questions at issue. What can we as individuals do to assist in solving them? We can put a united enthusiastic Institute back of each issue. Will we do so?

Good organization demands that a minority party get together and keep together. Are we together? Well! Some of us who have been struggling to unify faction-torn centers may think this premature, but we have the encouragement of knowing that we are trying to get together and that of itself is helpful.

Sometimes factions are useful, more often they are not. If they teach us loyalty to the principles we have espoused,—to Homœopathy and her institutions,—well and good. But when they degenerate into simply serving those who find themselves attached to a faction, and the interest of Homœopathy is sacrificed for

the private interest of a few, it is time to call a halt and wipe them out.

Naturally we all owe loyalty to a multitude of objects, but they should take precedence according to their worth and supremacy. We must choose between the lesser and the greater, between the inferior and the superior, between the alleged means to an end and the real end itself. With us the real end itself is Homœopathy. Can we get together and keep together? Can we be unanimous for Homœopathy? If so, it will be worth any sacrifice and service.

It is difficult to bring contending factions up to the point of agreement. When this is attained, agreement is easily reached and permanently maintained through mutual understanding and sympathy, and a recognition of common interests and rights.

The greatest contribution which any man or woman can make to good organization is a true, upright, honest character, ably, clearly and boldly expressed in word, deed and life. Some people possess what is now called an altruistic virtue: It is the intellectual sympathy which enables a man or woman to put themselves in the place of their fellows and to understand and, perhaps, sympathize with their motives and actions. This virtue lies at the foundation of all true knowledge of men, and hence true wisdom and power. It is the requisite of real leadership. Such men and women can interpret their age and its social and professional conditions wisely and well. They are an invaluable asset to their community and profession, provided they can impart this sympathetic spirit to their friends and companions.

Sympathy! What a virtue to conjure with! Sympathy, coupled with kindliness and courtesy of word and deed, endears a man to his personal associates. On the other hand, if we fill our minds and hearts with the bitterness of real or fancied wrongs and wag our tongues with constant invective, we do lasting damage to the cause that is really dear to all our hearts. At the same time it seems to be a law of nature that we crush and mangle the finer side of our own moral character. We cannot escape this personal damage, when we nurse and magnify hatred. It takes courage to live according to our convictions, to be what we are, and not pretend to be what we are not. If there is to be any exaggeration, let us exaggerate each other's good qualities. This is worth while. We all have faults we would gladly sink deep into the seven seas.

It is a good thing to be a great physician, a skilled surgeon, a

brilliant administrator and an efficient executive, but it is a better thing to be beloved of many friends. When we have capacity and zeal, and love hard work, and desire to seize, control and shape affairs to help and sustain our personal ambitions and ends, selfishness is apt to blind our judgment and treatment of others who simply have similar ambitions which come in contact and rivalry with our own. Let us see to it that we treat our opponents honestly, generously and justly. Offensive tactics are disastrous, especially so in a minority school of medicine. Without co-operation there can be no real progress. Let us do and say about each other what we would like them to do and say about us, and our personal difficulties will melt away.

In times of stress it is easy to criticise, to pull down, to destroy. What is needed is a liberal supply of that good old Quaker principle,—toleration. The test of fitness is sure to come and the test of fitness will be whether we will control circumstances or let circumstances control us. The circumstances confront us, what shall we do? Constructive statesmanship demands honesty and talent of high order. This we have in abundance. Let us be certain that what we give to our profession and to the world as the results of our deliberation stands the acid test of convincing restraint, lucidity and vigor, and all will be well.

"The price of liberty is eternal vigilance." And eternal vigilance is the price we must pay for a triumphant, united School of Homœopathy.

A Fellow Townsman's Opinion.—The members of the American Institute of Homœopathy have made an excellent and admirable choice in the election of Dr. Van Baun to the office of president, and it is the earnest wish of all who know and admire him that he may be spared to many additional years of activity and usefulness in the medical profession.

We congratulate Dr. Van Baun upon the latest honor which has been conferred upon him, and we have no hesitancy in predicting that he will continue to contribute of his time and efforts towards the extension of the organization's scope of usefulness and influence.—*Philadelphia Journal of Commerce*, July 1, 1916.

MEMORIAL SERVICE

Introductory Address—Dr. Geo. T. Shower

As we assemble in annual convention, coming from every section of our extended land, we indulge the pleasing anticipation of renewing old associations, forming new friendships and gathering fresh inspirations. But overshadowing all is the remembrance of those of our number who during the past year have been called from their earthly duties and shall henceforth take no part in our deliberations.

Under these chastening influences, we have set apart the eve of our session to dwell upon the memory of our departed friends and to commemorate the virtues they have exemplified.

In varying degrees they have impressed their personality upon us: some, whose forms and faces have grown familiar during a long succession of years, holding responsible positions, faithfully discharging their allotted duties, their lives prolonged till sunset; others summoned at noonday; still others, almost totally denied the privileges this association affords, called away in the dawn of their activities.

In their distinctive fields of labor they have exhibited a devotion to their ideals which has held them constant to their tasks, however trying, have manifested a self-abnegation in responding to the appeal of suffering which has endeared them to those they have served. In the capacity of "guide, philosopher and friend" they have commanded the confidence of those to whom they have given counsel, and through their labors and sacrifices have achieved a reputation in this association and in their own communities to which the words uttered here tonight can simply bear added testimony.

Their graves shall be ever green in the memory of those they have befriended, their personality a tradition among those to whom they have afforded moral uplift. They have kept the faith, they have proved their loyalty to principles set forth in that turbulent era which gave birth to more vigorous political and scientific impulses: principles which have maintained their vitality through the relentless criticism of more than a century, and upon whose guidance we must rely in confronting the problems springing up with the advent of a new generation, clogged with the offspring of a maimed and wrecked humanity, as it pursues its toilsome pilgrimage in search of a higher civilization.

REPORT OF THE NECROLOGIST, A. I. H., 1915-1916

By Reuben A. Adams, M. D., Rochester, N. Y.

In this list of more than forty members of the Institute who are on our honor roll this evening, there is a large number of widely known and well beloved Seniors. No face will be more acutely missed than that of Dr. Thomas Franklin Smith, who served so long and faithfully as Assistant Treasurer and Treasurer and who died June 6, 1916, at 83.

Dr. J. B. Gregg Custis is another long intimately associated with our annual session, closely related with the Committee on Drug Provings, and all our National affairs centering in Washington. Both Dr. Smith and Dr. Custis were on the committee to secure the incorporation of the Institute. Dr. Custis was well known in Europe and in the East. He was too young to lay down his life work from physical infirmity and his sudden death was a shock to a large circle of friends. He leaves a physician-son, who bears his honored name.

It is a popular tradition that doctors die young, but out of these twelve seniors, one was over ninety, three in the eighties, five in the seventies, and others nearing seventy, and some of them were in actual practice for over fifty years.

In this unusual group of seniors, Dr. Thomas Shearer, of Baltimore, was ninety-one, a member of the Institute for forty-nine years, a skillful diagnostician, a successful prescriber, who helped largely to pave the way for better and more rational treatment of disease. He leaves a son, Dr. Thomas L. Shearer, also a Senior.

Dr. F. A. Bissell, New York City, eighty-nine, the oldest senior in the Institute at the time of his death, having joined in 1853.

Dr. Wm. H. Scott, Brooklyn, eighty-three, had been in practice over fifty years.

Dr. John J. Detwiller, Easton, Pa., eighty-two years, second in the Senior list of last year, having joined in 1858, a son of Dr. Henry Detwiller, one of the men who helped establish the American Institute of Homœopathy in 1844.

Dr. Ziba D. Walter, Marietta, Ohio, seventy-five, member of the Institute since 1871. He was one of Marietta's most remarkable men, not only in medicine, but as a loyal, public-spirited citizen. Dr. Walter was associated in practice with his daughter, Dr. Helen Curtis.

Dr. Eugene W. Beebe, Milwaukee, seventy-five; one of the dependable workers in the Wisconsin field, and a member of the Institute since 1870.

Dr. Lewis Sherman, also of Milwaukee, seventy-one; a pioneer in homœopathic practice in Wisconsin, for many years a valuable member of the Pharmacopoeia committee, a constant attendant upon the Institute sessions and a member since 1875.

Dr. Robert Bruce House, Springfield, Ohio, seventy; a member of the Institute since 1875. Dr. House was at the Chicago session in unimpaired health. He also leaves a physician-son, a member of the Institute, Dr. Wallace B. House of New York City.

Dr. Alonzo P. Bowie, Uniontown, Pa., sixty-eight; a member since 1871. Dr. Bowie demonstrated his confidence in clinical bedside teaching by training many recent graduates in his office. During thirty-nine consecutive years he had twenty-six assistants.

Dr. William L. Breyfogle, Louisville, President of the Institute in 1881 at the session in Indianapolis, a member since 1873.

Dr. Charles M. Thomas, Philadelphia, sixty-seven; Dr. Thomas was at one time Dean of Hahnemann of Philadelphia, a wonderful and beloved teacher and was one of the earlier homœopathic physicians to win renown in surgery.

Dr. George M. Dillow, New York City, and one time editor of the *North American Journal of Homœopathy*.

Dr. Sarah Millsop, San Diego, California, verified her loyalty to Homœopathy and set a good example for us all by leaving a bequest of five hundred dollars which has been credited to the Endowment Fund of this Institute.

Dr. Charles A. Church, Passaic, N. J., was a man of scholarly attainments and public spirit, who filled his seventy-five years of life with good citizenship, as well as able professional practice. Dr. Church also leaves a son in medical practice, and in Institute membership,—Dr. Herbert Church.

Dr. George H. Wilkins was one of the younger Seniors, a man whose name was more familiar in Massachusetts affairs than in the business of our National body.

Of the group who had not attained Seniority, a brilliant record is attached to the name of Edgar Reeve Bryant of San Francisco, California.

Frank Harter has left an indelible impress upon the Society of Western Michigan.

John D. Zwetsch was the beloved physician of Gowanda, N. Y., a member of the Board of Managers of the Gowanda State Hospital, an honored and valuable member of the community. Like Dr. Bryant, he was the victim of an accident, cut down in the prime of maturity.

James T. Sherman was well known in Boston circles, Ida Wright in Hahnemann of Chicago and Gabriel Thornhill in propagandistic work in Texas.

In these last few days, there has come the message of the death of James Tyler Kent, a message hurrying fast upon the announcement of his retirement from practice to his orchard property in the Montana Bitter Root Valley. No man in his day has done more to make homœopathic therapeutics known at home and abroad than Dr. Kent. Philadelphia and Chicago do not make a stronger claim upon his name than England and India. His life so full of remarkable work ended June 5, 1916.

Another Senior, called since the published program, is Dr. John E. Gilman of Chicago, aged 75. For many years Dr. Gilman was Professor of Materia Medica in Hahnemann College. He was a kindly man, possessing high literary ability, a musician and a book lover.

To fully record the achievements and merits of all whose honored names are on this list tonight would require volumes, and to duly honor them would require days and nights of memorial service. Time alone sets the limit.

In my last conversation with our late treasurer, Dr. Smith, he said, "Well, I have served as treasurer of the Institute many years, I hope to serve to the end, and to die with the harness on."

Warrior and veteran that he was, he had his wish; he served to the end and died with the harness of office on. To me it has seemed that more than ordinary memorial tribute is due to the memory of one who for almost sixty years loyally stood by Homœopathy and this Institute, and who practically has been custodian and disburser of its funds for a quarter of a century. I therefore asked Dr. J. Richey Horner to speak to us a few words of appreciation of his intimate friend and long-official associate, Dr. Thomas Franklin Smith. Unfortunately Dr. Horner was unable to be present at this service. He has

kindly written and sent to me about what he would like to say if here. It will come in fittingly at this point, and I will read it. [Published in the July JOURNAL, page 77.]

What is the lesson taught us by this list of forty-four fellow workmen fallen? It warns us that we too must fall. It admonishes us that while we mourn their loss we as followers of Hahnemann and lovers of our medical faith should put our shoulder to the wheel while yet we may, and multiply our efforts to fill our broken ranks, recruit a reserve and raise our homœopathic banner higher, raise it where it belongs, up a little nearer the stars.

Preparedness, the watchword of the day, should be our motto in all our homœopathic interests, as well as in war, and things pertaining to life here and hereafter.

How can we best perpetuate the memory of our departed colleagues whose lives have been given to useful service and whose memories are to us a benediction? Memorial words alone will not do it; they, too, often vanish and end with the breath that gives them utterance. Let us rather strive to remember and emulate their every good example in word, work and deed; then, through us and those to come later the memory and good works of our brothers gone will follow them and live on and on in endless and ever-widening benefits and blessings to mankind.

THE PHYSICIAN

If those who think
Him gruff, and blind
To sympathy,
Could read his mind;

If people who
Condemn the role
Which he must play,
Could know his soul;

If folks could look,
With magic art,
Beyond his eyes,
Into his heart,—

They then, perhaps,
Could realize
His anguish, when
A patient—dies.

—*Ralph M. Thomson, M. D., in The Medical Pickwick.*

THE WELCOME TO WASHINGTON

By Frank A. Swartwout, M. D.

It is my duty and privilege, on behalf of the Washington Homœopathic Medical Society, to say to you how very welcome your are in your own Capitol city, and how very glad we are to assume the role of hosts. We hope that the short stop made in Washington will produce pleasant visions in the coming days.

We are standing tòday upon sacred soil, soil that has been dedicated by bearing upon its bosom a monument to the memory of a great and noble man, erected by loving and loyal followers in honor of and for the perpetuation of the memory of their great leader, Samuel Hahnemann, and the great scientific facts for which he stood and suffered all but martyrdom.

It is well for us to pause a moment at this monument not only to strew flowers in memory of Hahnemann, but to attain a fuller realization of our great individual debt to him whom we can never adequately repay.

SAMUEL HAHNEMANN

Address at the Hahnemann Monument in Washington By President Henry C. Aldrich

Having been at the unveiling of this beautiful monument to the great Protestant in Medicine, Samuel Hahnemann, sixteen years ago, on the fifteenth of June, at which time our martyred President McKinley and other representatives of the government were present, it seems to me a very beautiful, a peculiarly fitting and an exceedingly appropriate ending of the seventy-second annual session of the American Institute of Homœopathy, just closed at Baltimore, that we are privileged to gather here at the feet of our master, the founder of our school of practice, to do him reverence.

Hahnemann, great man, marvelous teacher, erudite physician! I would that you were on earth today to note that the pendulum is swinging backward from surgery and medical nihilism toward a great and ever increasing study and investigation of therapeutics, with a marked veering toward the minimum dosage, as is observed in the writings and teachings of the medical research workers of the world.

Physicians should take Hahnemann as a bright and shining example to emulate. He was a student,—a worker, a thinker, a linguist, an investigator who was willing if need be, to test the effects of drugs on himself, if he thought thereby he might benefit mankind,—an individual of wonderful strength of character, able to rise above ridicule and ostracism, persecution and even prosecution, because he believed in the truths which he had demonstrated.

Let us, his disciples, like him, "learn to love and to work and to play and to look up at the stars."

THE HAHNEMANN MONUMENT

By Charles E. Walton, M. D.

[Written July 1, 1916]

A thing of beauty there it stands, shielding
With its granite arms the noble figure
Of him who sits enthroned within our hearts
As one who blessed mankind by his search for
Truth. The parabolic curves of those arms
Typify the pathway of truth, never
Traveling in a circle, which needs must
End in itself, but, spreading out in wide
Inclusion, embracing correlated
Truth wherever found.
He sits a seer whose message to us
Is: "The Truth shall make you free."

[Written in 1906]*

Within the shelt'ring grasp of granite arms
He sits, and meditates upon the truth
Vouchsafed to him, the Porcelain Painter's Son.
With sharpened vision of a seer he sees
Before him spread, in panoramic scroll,
The vision of eternal Truth blessing
The nations of the earth. Though now enslaved
In ignorance, the time must come when all
Shall see fulfillment of the prophecy
From lips Divine: "The Truth shall make you free."

*Published also in the *New England Medical Gazette.*

REPORT OF THE CONGRESS OF STATES

Baltimore Session, 1916

The Congress of States this day in session beg leave to submit to this honorable body, the American Institute of Homœopathy, the following report which outlines in the rough, the cardinal issues concerning federation of our state societies with the American Institute.

It has been deemed advisable to develop federation territorially, using the state societies as the first step and later extending the plan to the local, district and county societies through state jurisdiction.

In order that the plan be not too cumbersome and unwieldy to begin with, we have considered at this time only those features necessary to putting federation into action.

A committee of four was appointed by the Chairman of the Congress with instructions to draft a simple plan of federation. This report follows:

REPORT ON FEDERATION

First: That federation must originate in the parent body, the American Institute of Homœopathy, and that the state societies receive first consideration as a basic principle upon which to work. When this is completed federation be extended to the local, district, and county societies and clubs. That the step plan of federation uniting the smaller societies with the state, and the state with the national or parent body be adopted.

Second: That federation be by a form of agreement, that is, that the state societies adopt federation by resolution changing their constitution and by-laws to conform to the constitution and by-laws of the American Institute of Homœopathy. That they agree to stand by the plan of organization of said Institute and with other constituent societies unite in federation to form the American Institute of Homœopathy.

Third: That the apportionment of delegates be one delegate for each state society. One additional delegate for each one hundred members or fraction thereof exceeding 50%, but in no case shall any state delegation exceed four members. These delegates to be elected annually at the annual sessions of the state societies.

Fourth: That each state society voting to federate with the Institute thereby automatically bring its entire membership into the Institute.

Fifth: We recommend that the Congress of States be given the power to nominate all elective officers of the Institute and for this

purpose it shall annually present the names of at least two, but not over three members of the Institute for each elective office.

Sixth: That under the federated plan the dues in the Institute be reduced to four dollars ($4.00), including the JOURNAL, and this amount be collected through the treasurers of the state societies, and remitted to the Institute.

Seventh: That this Congress of States endorse the suggestions which have been made by the Council on Medical Education, that the Institute at an early date establish a permanent press bureau, that this bureau is essential to the success of federation of the Homœopathic bodies of the United States, and vital to the perpetuity of Homœopathy.

(Signed) G. FORREST MARTIN, Chairman, Massachusetts.
DANIEL P. MADDUX, Pennsylvania.
SARAH N. KENDALL, Washington.
SCOTT PARSONS, Missouri.

This report was presented at a called meeting of the Congress, and adopted unanimously and the Chairman was instructed to present the plan to the Institute for its consideration.

The features suggested in the tentative plan as presented under the direction of the Council on Medical Education, such as *Section 3. Regulation of Dues. . . . Section 7. Per Capita Tax. . . . Section 9. Medical Defense . . .* and *Section 12. Fellowship*, we consider of great importance to the federative scheme, but are of the opinion that they are matters that should be promoted and developed at a later date. Let us federate first.

The Congress is pleased to state that out of 32 state societies, 24 have delegates and representation at this preliminary meeting. The vote for federation was unanimous.

SCOTT PARSONS,
Chairman, Congress of States.

Baltimore, June 30, 1916.

The Response from Societies.—The following states elected delegates: Massachusetts, Illinois, Wisconsin, Kentucky, Indiana, Michigan, New York, Ohio, Minnesota, Missouri, California, Washington, Delaware, Nebraska, Pennsylvania, District of Columbia, Virginia, Oklahoma, Arkansas, Colorado, Maryland, Maine, Iowa, Oregon, Rhode Island, Connecticut. Twelve local societies responded by naming delegates.—[Editor.

NORTH DAKOTA STATE MEETING

Reported by the Secretary, Margaret Peake, M. D.

The sixth annual meeting of the North Dakota Homœopathic Medical Association was held in Grand Forks July 8, 1916. The questions of Use of Repertory, Repetition of the Remedy and Potency were freely discussed and Dr. Kent's Repertory and methods taken as a guide. The consensus of opinion was that the best results are obtained by following strictly Dr. Kent's methods. Some cases were reported which had been worked out by Kent's Repertory and cured by the single remedy at long intervals and in potency ranging from the thirtieth and up.

The officers for the coming year are: President, Dr. J. G. Dillon, Fargo; Vice-President, Dr. Arthur Peake, Grand Forks; Sec.-Treas., Dr. F. Margaret Peake, Grand Forks. Fargo was chosen as the next place of meeting.

There are only a few homœopaths in North Dakota and it is a wonderfully prosperous state and has many excellent locations for good homœopaths. The secretary will gladly furnish any one interested with information about locations.

WASHINGTON STATE HOMŒOPATHIC SOCIETY

Reported by C. P. Bryant, M. D., Secretary

The 8th annual session was called to order at 10 a. m., June 15th, in Hotel Tacoma, Tacoma, Wash.

Minutes of previous meeting read and approved. Report of Secretary and Treasurer read and approved. Moved and carried to proceed with election of officers.

Officers elected by unanimous order that the Secretary cast the ballot: Pres., Geo. W. Beeler, Vice-Presidents, S. R. Boynton and S. G. Brooks; Sec., C. P. Bryant; Treas., A. B. Palmer.

Bellingham voted the next place of meeting, "Early in June."

Press committee: Drs. A. E. Goldsmith, E. M. Carney, J. G. Sargent.

Dr. S. G. Brooks read an instructive paper on "Malposition." The most often encountered vertex presentation is the occipito-post; many cases will be delivered with little damage to mother or child, and four suggestions are made for handling the most difficult:

(1) Flexing head; (2) Rotation; (3) Pulling head; (4) Perforation. Face presentation occurs once in one thousand cases. Do not interfere here if pelvis is contracted; do Cesarean. If true conjugate is 3½ inches, try podalic version. Other positions mentioned are: brow, both hands, both feet and back. The paper was well discussed.

Dr. G. W. Beeler suggested that in post-occipital positions, Cesarean section is preferable to perforation. Dr. E. E. Beckett prefers Cesarean section to high forceps, feeling it is better for both mother and child.

Discussion closed by Dr. S. G. Brooks.

Recess declared until 2 p. m.

Meeting called to order 2 p. m.

Bureau of Medicine.

Dr. P. L. MacKenzie of Portland gave a paper on a clear-cut view of the characteristics of six most used polycrests.

Dr. MacKenzie explained a new system of the selection and differentiation of the remedy. The order of development of symptoms is as follows as laid out by Dr. Woodward of Chicago: (1) Skin and Sensorial; (2) Digestion; (3) Spinal; (4) Respiratory; (5) Circulatory; (6) Genito-urinary; (7) Mental Functions. Various remedies differ in order of the development. Thus taking the symptoms of the patient in the order in which they occurred and comparing with the remedy in which symptoms developed in like order during proving, the remedy will be found similar and will cure the case if cure is possible.

Dr. F. A. Churchill of Seattle, read a most interesting paper on the remedies of most use in the treatment of neuralgias Mag. phos. Pain, sharp, stabbing, motion, heat, light, pressure, right side. Mag. phos. differs from colocynth, in that the abdominal pain in mag. phos. is more promptly relieved by heat.

Spig., left side, day, burning character. Ars., anxious, restless, burning, pressure. Bell., pressure, pain, throbbing, red face, delirium. Gels., sharp pain, heat. Bry., pressure. Merc., heat. Cup., pressure, drinking cold water. Nux., pressure, day, after eating.

Dr. A. E. Goldsmith of Tacoma gave some excellent ideas for the cure of the cancer patient. He suggests to think of the patient first and the cancer second. Dr. Goldsmith does not think cancer is of bacterial or traumatic origin but the result of some deep-acting constitutional dyscrasia. Causes: (1) Predisposition; (2) Local; (3) Embryonic rest.

Ehrlich found that mice living on rice could not take cancer, while those living on meat were susceptible, and on prohibiting meat the cancer disappeared. It is shown that where meat consumption is greatest cancer is greatest. Coffee, alcohol and tea also show great increase of cancerous condition. Dr. Goldsmith recommends early removal, along with dietetic, hygienic and constitutional treatment. Ars., acetic ac., con., calc. fl. are suggested as most often indicated.

Meeting adjourned until 8 p. m. when we met with Dr. A. E. Goldsmith of Tacoma.

Friday, 10 a. m. Meeting called to order by President W. A. Glasgow.

Dr. A. B. Palmer called to read a paper on "Lachesis." This paper was specially interesting and was well discussed. Cures of gangrene were reported.

Dr. F. W. Greiner of Seattle showed a new apparatus for fracture of the femur. This appliance makes the knee the fixed point instead of the hip and allows the patient the liberty of sitting and turning in bed. Dr. Greiner has found the apparatus entirely successful.

Dr. W. O. Bell of Seattle read a very instructive paper on "Tonsils as Etiological Factors." Size of tonsils is of little etiological importance; infection is of greatest importance. When you have history of repeated attacks of tonsillitis with pus and feeling of fullness there can be no doubt as to the tonsils being the cause of throat trouble and many general and constitutional conditions.

Dr. A. E. Goldsmith of Tacoma led the discussion and advised conservative treatment, yet he recommends removal where repeated attacks occur, especially with rheumatic tendency and chorea associated.

President Glasgow's address postponed until banquet.

President W. A. Glasgow appointed Drs. E. W. Young and Sarah Kendall delegates to the American Institute of Homœopathy.

Dr. John Besson of Portland read a paper on "Acidosis" and cited an illustrative case. He believes acid conditions due to dietetic errors and faulty elimination.

Dr. E. E. Beckett of Seattle read a paper on "When Not to Operate." Do not operate without making urine, blood and blood pressure examination. Blood pressure is an important guide. It is well to also have Wassermann reaction. Heart conditions are of course of most vital importance.

Members present, Drs. E. W. Young, G. M. Steele, W. E. Steel, W. A. Glasgow, E. E. Beckett, A. E. Goldsmith, E. A. Goldsmith, J. G. Sargent, A. B. Palmer, J. B. Chapman, G. H. Dow, S. G. Brooks, W. O. Bell, G. W. Beeler, E. M. Carney, W. W. Cheny, F. W. Southworth.

Visitors, Dr. P. L. MacKenzie, Dr. David Breuer and Dr. John Besson of Portland.

Thymol from Horsemint. That the commercial production in this country of thymol from horsemint may be, under favorable circumstances, a profitable undertaking is indicated by the recent investigations of the United States Department of Agriculture, the results of which are published in Bulletin 372. Thymol is extensively used in medicine and forms the basis of a number of important pharmaceutical compounds. In the past it has been imported from northern Europe where it is manufactured from ajowan seed grown in northern India. Now that the European war has reduced these importations from over 18,000 pounds in 1914 to a little more than 2,000 in 1915, it is believed that to some extent the demand can be supplied at home.

GENERAL NEWS

Connecticut. Litchfield is the chosen vacation place for four New York Flower men, Drs. Frederick M. Dearborn, Joseph H. Fobes, Paul Allen and Horace G. Keith. The local physician, Dr. Marvin Z. Westervelt, is also a New York Flower alumnus.

Illinois. Dr. Joseph P. Cobb, Chief of Staff at the Daily News Lincoln Park Sanitarium in Lincoln Park, announces the following corps of workers for the present season: Attending staff: (Two on duty each day for a period of two weeks). Drs. Theodore Bacmeister, F. E. Culver, Roy W. Klaus, Allan H. Ferguson, James Huber, Harold Miller, Sarah M. Hobson, Frank Metcalf, Mary C. Cornell and Anson Cameron. Consulting Staff: Drs. Homer V. Halbert, Mary E. Hanks, Howard R. Chislett, C. Gurnee Fellows, Clement A. Weirick, Clifford Mitchell, Edgar J. George, Charles E. Kahlke, Edwin W. Ryerson, A. H. Gordon, C. D. Collins, Alfred Lewy, Richard H. Street and Henry I. Twiss. The season began June 26th and will end September 2d. If the early weeks in September are extremely hot, the Sanitarium will be kept open beyond the second day. The institution has been established so long that it is no unusual occurrence for a mother to bring her baby, saying, "My mother brought me here to find out how to feed me, so I have brought my baby to be told how to take care of him."

Dr. John Nollen, President of Lake Forest University, gave the graduating address before the graduating class of Hahnemann Medical College in June.

Dr. Edward W. Hash announces removal to 45 Lorel Avenue, Austin, with offices at 1556 W. Madison Street.

Dr. Guy L. Breon announces removal to Chicago from Canton, Kansas, to be assistant to Dr. B. A. McBurney, in the department of Gynecology in Hahnemann College.

Indiana. Dr. Moses H. Waters, Terre Haute, has files of the Institute Transactions to be disposed of.

Massachusetts. Dr. Conrad Wesselhoeft was scarcely established again at his work in the Evans Memorial, after his return from abroad, when the call came to report for duty in the First Massachusetts, which has gone directly to the Texas front.

Dr. Frank Patch of Woodside Cottages has seized the opportune moment to announce the opening of an additional cottage. The new venture is out on the extreme point of Cape Ann on the famous North Shore, always cool and delectable. Electricity, fireplaces and bath (with additional unlimited bathing facilities in the Atlantic) unite with the picturesque and

historic region to tempt the perfectly healthy lover of the sea to simulate invalidism as a pretext to spend August and September in the midst of such environment.

Nebraska. At the recent state meeting at the Lindell Hotel, Dr. E. Arthur Carr gave a stirring address on "Federation," while the President, Dr. G. A. Young of Ponca, gave a prophetic address, "The Future of Homœopathy." Luncheon and dinner were served at The Lindell. The officers for the year 1916-17 are Dr. W. A. Cate of Nelson, president; Drs. Martha Clark of Omaha, and C. W. Collins of Pawnee City, vice-presidents; Dr. Nellie M. Deffenbaugh of Fairmont, secretary; Dr. O. S. Wood, Plattsmouth, treasurer. The annual announcement issued by Dr. Laura J. Brown, the retiring secretary, presents a brief record of charter members, past presidents and a foreword on professional work and federation.

New Jersey. The annual meeting of the New Jersey Homœopathic Society was postponed until the month of June so as to combine with the business of the meeting some of the attractions of Asbury Park. The Metropolitan Hotel was chosen for three days of professional work and two evenings of entertainment. The Monmouth County Society was host, under the chairmanship of Dr. W. D. Rowland of Asbury Park. The report was a "cracker-jack meeting and fine attendance." The officers for 1916-1917 are C. F. Hadley of Camden, president; Joseph H. Bryan of Asbury Park, B. H. Garrison of Red Bank, and Howard L. Maps of Passaic, vice-presidents; C. Herbert Church and Rudolph F. Rabe retained as recording and corresponding secretaries; L. N. Slaughter on the board of censors.

Ohio. The Dayton Homœopathic Society took a day off and went on a picnic to Englewood. Some of the stunts had to be given up on account of the contrariness of the weather man, but the weather did not interfere with the swimming or with the shooting match. Dr. H. W. Dickinson was the winner of the loving cup, a prize for the best marksmanship. A picnic now and then is a good prescription for the frazzled nerves of the medical man.

The Cincinnati Lyceum elected officers at Hotel Gibson June 16th. Dr. C. C. Meade was made president; Dr. Edgar B. Schneider, vice-president; Dr. A. H. Dunton, secretary; and the versatile patron saint of Cincinnati, Dr. Charles F. Walton, treasurer.

The many friends of Dr. R. O. Keiser are rejoicing over a message of improvement in the course of a long and critical illness.

Ohio has suffered a loss in the recent death of Dr. Harry H. Baxter of Cleveland.

Oregon. Drs. Macrum and Hale announce removal to 706-707 Selling Bldg., Sixth and Alder Sts., Portland.

Dr. Byron E. Miller reported a lot of hot weather in the East during the Institute session and the fortnight following. He spent several days in Rochester, N. Y., the city chosen for the 1917 session of the Institute.

Dr. John S. Bishop of Forest Grove will present a paper on "Phthisis Pulmonalis" at the August meeting of the Round Table. Dr. Arthur L. Canfield will give the September paper on "Pulsatilla."

Pennsylvania. The state of Pennsylvania is justly proud of the victory won in the election of Dr. William Van Baun to the presidency of the Institute. Dr. Van Baun was graduated from Hahnemann of Philadelphia and has always been active in college work. He did postgraduate work in Vienna, is now a trustee of the College and Hospital, Vice-President of the general faculty and Professor of Dietetics.

Twenty students were graduated from Hahnemann in June. Thomas Lawrence Doyle of Tremont, Reuben A. E. Peterson of Swissvale, and Donald R. Ferguson of Philadelphia were honor men, and Lloyd E. Strohm of Lancaster, class president.

At the Alumni banquet, a portrait of Dr. William B. Van Lennep, done by H. R. Rittenberg, was presented to the College. Dr. H. L. Northrop made the presentation which was accepted on behalf of the trustees by Mr. John Gribbel. The faculty presented a loving cup to Hon. E. L. Tustin in appreciation of services rendered the College and Hospital.

Among the alumni from far away, returning for Commencement festivities were Dr. Guy E. Manning, 1890, San Francisco, Cal.; Dr. R. J. Wasgatt, 1876, Rockland, Me.; Dr. E. E. Snyder, 1872, Binghamton, N. Y.; Dr. C. E. Hewitt, 1893, Winedux, Canada; Dr. H. C. Aldrich, Minneapolis, Minn.; and Dr. E. B. Tinney, 1896, Lincoln, Neb.

A permanent endowment is being raised by the class of '93. The class of '96 has promised to educate one student.

The highest grade medical education will continue to be given at Old Hahnemann. In addition to the best possible general medical education, there is thorough-going instruction in Homœopathy. No man makes a mistake who comes hither.

The Alumni elected the following officers: President, Dr. R. L. Piper, Tyrone, Pa.; First Vice-President, Dr. H. I. Silvers, Atlantic City, N. J.; Second Vice-President, Dr. G. E. Manning, San Francisco, Cal.; Third Vice-President, Dr. H. C. Aldrich, Minneapolis, Minn.; Secretaries, Dr. B. K. Fletcher and Dr. W. C. Hunsicker, Philadelphia, Pa.; Treasurer, Dr. Wm .H. Keim, Philadelphia, Pa.

Drs. Bickley, Frank and Roman presented a symposium on "The Silent Carcinoma of the Stomach" at the recent meeting of the Clinico-Pathological Society.

President J. M. Heimbach is doing good organization work in the state. In June he gave an address before the Women's Association in Pittsburgh. He also helped establish the Venango County Society. Monthly meetings will be held in the office of Dr. S. W. Sellew, Oil City. The officers are J. L. Hadley, president; F. B. Jackson, vice-president; S. W. Sellew, secretary, all of Oil City; L. E. McBride, of Franklin, treasurer.

In the death of Dr. Anna Varner of Wilkinsburg the profession and the Institute have lost an ardent worker and a skillful physician.

Dr. H. L. Northrop, Dr. G. Harlan Wells and Dr. L. T. Ashcraft gave papers at the annual session of the State Y. M. C. A. Physical Directors' Institute. Dean William A. Pearson presided.

Dr. William Rendell Williams gave an interesting paper on "The Use of Digitalis" before the Germantown Society in June. Dr. H. Terry on "Infant Feeding" and Dr. W. W. Speakman in a lantern demonstration of "Diseases of the Eye" contributed the program of the Chester County meeting at the Swan Hotel in Downington.

Among the notable papers given at the Aldine Hotel at the recent session of the International Hahnemannian Association, was a paper on "Scalds and Burns," by Dr. R. S. True of Boston and one on "Gall Stones" by Dr. Rudolph F. Rabe of New York.

Dr. J. Marvin Hanna, Musical Director of the Temple University Glee Club in Philadelphia, was accompanist at the musical program given at the graduating exercises of the Training School of the State hospital at Allentown. Dr. Palen gave the address, and Dr. Tuller the prizes for the best work in anatomy and physiology.

Dr. Benjamin K. Fletcher announces the removal of his office to 344 South Sixteenth Street, Philadelphia.

The regular meeting of the Allegheny County Homœopathic Medical Society was held June 21st in the Wallace Laboratory, Pittsburgh, Pa. The Society was favored with a very excellent and instructive talk by Dr. D. Willard Flint, Orthodontist of Pittsburgh. He demonstrated by lantern slides the deformities produced by the premature extractions or decay of certain of the milk teeth and also its relation to mouth breathing and the generally poor health of this type of children. It would be worth while for any society to secure Dr. Flint to repeat this lecture for them.

The Hahnemannian Medical Society of Berks County elected the following officers for the ensuing year; Dr. D. C.

Kline, president; Dr. C. R. Haman, vice-president; Dr. Ray C. Klopp, 1360 Perkiomen Ave., Reading, secretary and treasurer.

New York. The Utica Homœopathic Hospital has received a gift of $10,000 from George S. Dana for an endowed bed.

Dr. Edwin H. Wolcott of Rochester has been elected president of the board of managers of the Iola Sanatorium.

Rhode Island. Dr. John Hillman Bennett of Pawtucket, has been made President of the State Board of Health, which is also the State Board of Registration. Dr. Bennett is the only homœopathic physician on the Board with five old school members.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

to

Auwers, Frederick J.....Delray, Florida.
Bartholomew, Anna L.....218 Walnut St., Dennison, Iowa.
Burr, Harold L.....Westbrook, Conn.
Caldwell, David P.....Buffalo Hom. Hosp., Buffalo, N. Y.
Chaney, Edwin N.....1444 Rosemont Ave., Chicago, Ill.
Conley, Harry D.....142 5th Ave., Ventnor, N. J.
Craig, John P.....427 E. Broad St., Chester, Pa.
Duncan, G. B.....208 N. Tremont St., Kewanee, Ill.
Fash, Martin H.....2358 Warren Ave., Chicago, Ill.
Ford, John E.....216 Main St., Trinidad, Colo.
Fox, William C.....1624 Highland Ave., Chicago, Ill.
Geis, Joseph A.....2342 Summerfield St., Glendale, L. I., N. Y.
Hale, Presley E.....706 Selling Bldg., Portland, Ore.
Harpel, William F.....6032 Stony Island Ave., Chicago, Ill.
Hash, Edward W.....1553 W. Madison St., Chicago, Ill.
Hill, Sumner A.....Flower Hospital, New York, N. Y.
Huntington, T. T.....584 Monroe Ave., Rochester, N. Y.
Kaufman, Louis R.....150 W. 80th St., New York, N. Y.
Macrum, Charles A.....706 Selling Bldg., Portland, Ore.
Moss, Benjamin J.....1221 W. 7th St., Los Angeles, Calif.
Palmer, George H.....403 Foxcroft Bldg., San Francisco, Calif.
Roman, Desiderio .....1904 S. Rittenhouse Sq., Philadelphia, Pa.
Sherman, Emma S.....East Aurora, N. Y.
Strohm, Lloyd E.....Egg Harbor, N. J.
Syndergaard, Hyrum F....3314 Lawrence Ave., Chicago, Ill.
Wallace, M. Edna.....Stafford, Kansas.

OBITUARY

Happiness lies in breadth of heart. And breadth of heart is that inward freedom which has the power to understand, feel with, and, if need be, help others.

—Galsworthy.

John E. Gilman, M. D., Chicago. Born in Harmer, Ohio, 1841. Died in Chicago, June 21, 1916. Member of the American Institute of Homœopathy since 1882. Dr. Gilman's name as a physician is linked with the department of Materia Medica in Hahnemann College. Here for many years he held a professor's chair, and was Professor Emeritus at the time of his death. For sixteen years, he served the College in active teaching service and is remembered by many students as an accomplished lecturer and scholar.

His professional life in the municipality has been a matter of public record since the days of the fire, when he was placed in charge of the medical relief commission and organized the city for relief to the homeless destitute in that horror.

In the midst of a busy professional life, Dr. Gilman found opportunity to establish a reputation as a musician and a patron of fine arts.

Frederick H. Sage, M. D., Middletown, Connecticut. 1861-1916. The death of Dr. Sage removes from the profession of Connecticut a public spirited medical man who has contributed to the civic welfare for thirty years. He was graduated from New York Flower Hospital in 1884, and as a young physician in the 90's established his reputation in the executive ability shown in managing a scarlet fever epidemic. He was a member of the Connecticut Homœopathic Society and a member of the first board of trustees for the State Hospital for the Insane at Norwich.

Henry Chandlee, M. D., X-Ray Department of the University of Maryland, died in Baltimore, in May, 1916.

Merritt T. Baker, M. D., Oswego, N. Y. Died July 14, 1916. Graduated from the New York Flower Hospital and College; one time president of the New York State Society; a veteran of the Civil War.

Alfred Cleveland Cotton, M. D., Chicago. Died July 12, 1916. Dr. Cotton was for many years in the department of Pediatrics at the College of Physicians and Surgeons. Dr. Cotton's work with children was uncommonly sympathetic and effective.

BOOK REVIEWS

Rules for Recovery from Pulmonary Tuberculosis. A Layman's Handbook on Treatment. By Lawrason Brown, M. D., Saranac Lake, N. Y. Second edition, revised and enlarged. 12mo, 184 pages. Cloth, $1.25 net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

This book from the pen of an associate of the late Dr. Trudeau, carries the cheering message that tuberculosis can be cured. The writer states that while it is one of the most difficult problems that anyone has ever had to face, much has been accomplished with patients who will give the time, and observe the rules for daily living, as worked out at the Trudeau Sanatorium.

The general treatment is based upon the three great remedies, rest, food and fresh air. There is a valuable chapter on Prophylaxis, which is especially important during childhood when the susceptibility is greatest, and mortality highest.

The book should be an invaluable guide to the tubercular patient whether the treatment is to be carried out in the home or a sanatorium. *M. F. McC.*

American Speech. O. O. & L. Journal, April, 1916.

The National Council of Teachers of English appointed last year a Committee on American Speech, for the purpose of improving the American voice and speech. On this committee are representatives from our ministers, editors, writers, singers, actors, physicians, dentists, teachers of dramatics.

The editors of the O. O. and L. Journal have devoted their entire April number to a Symposium on Speech, Voice, and Hygiene of the Vocal Tract. The contributors are Prof. Clapp of Lake Forest College, Dr. Rice of Boston, Dr. Beck of Chicago, Dr. Blanton of the University of Wisconsin, Dr. Noyes of the Dental College of the University of Illinois, Prof. Grandell of the Chicago Cosmopolitan School of Music, Prof. Scott of the University of Michigan, William Bachrach, Supervisor of Commercial Studies in the High Schools of Chicago, Otis Skinner, John W. Bradshaw, Division Traffic Supervisor Chicago Telephone Co., W. B. Tousley, Superintendent of Efficiency Welfare Department, Marshall Field & Co., Dr. LeRoy Thompson, Consulting Laryngologist to the Chicago Telephone Co., and Dr. Burton Haseltine, Chicago, Associate Editor of O. O. and L. Journal.

The statement is made by a member of this Committee that the standard of speech among Americans is the worst in the civilized world, that American utterance is a slovenly thing compared with English, French, German, Italian, Spanish, Russian, and South American, and that American voices are strident and harsh. He adds that our vicious speech habits are

a serious handicap to national efficiency, and increase our liability to disease.

The plan of the Committee on American Speech has been published in the English Journal, Vol. IV, number 9, 1915. It is hoped that this April number of the O. O. and L. Journal will have a circulation far in excess of its subscription list.

M. F. M.

CODE OF MEDICAL ETHICS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY

Adopted in 1893. Amended in 1909

SCOPE

The scope of a Code of Medical Ethics comprises the reciprocal duties and obligations of physicians and patients; the duties and obligations of physicians to each other; and the reciprocal duties and obligations of physicians and the public.

FUNDAMENTAL PRINCIPLES

The great principles upon which Medical Ethics are based are these:

1. The great end and object of the physician's efforts should be: "The greatest good to the patient."

2. The rule of conduct of physician and patient, and of physicians toward each other, should be the GOLDEN RULE: "As ye would that men should do to you, do ye also to them, likewise."

The various articles of the Code are only special applications of these great principles.

PART I

Reciprocal Duties and Obligations of Physicians and Patients

Article I. DUTIES OF PHYSICIANS TO PATIENTS.
" II. DUTIES OF PATIENTS TO THEIR PHYSICIANS.

PART II

Duties and Obligations of Physicians to Each Other

Article I. DUTIES AS MEMBERS OF THE MEDICAL PROFESSION.
" II. PROFESSIONAL SERVICES TO EACH OTHER.
" III. VICARIOUS SERVICES.
" IV. IN REGARD TO CONSULTATION.
" V. IN CASES OF INTERFERENCE.
" VI. DIFFERENCES BETWEEN PHYSICIANS.
" VII. CONCERNING PECUNIARY OBLIGATION.

PART III

Reciprocal Duties and Obligations of Physicians and the Public

Article I. DUTIES OF THE PROFESSION TO THE PUBLIC.
" II. OBLIGATIONS OF THE PUBLIC TO PHYSICIANS.

PART I

Reciprocal Duties and Obligations of Physicians and Their Patients

Article I.—Duties of the Physician to the Patient

SECTION 1. The physician should hold himself in constant readiness to obey the calls of the sick. He should bear in mind the sacred

character of his calling and the great responsibility which it involves, and should remember that the comfort, the health and the lives of his patients depend upon the skill, attention and faithfulness with which he performs his professional duties.

SEC. 2. The physician, in order that he may be able to exercise his vocation to the best advantage of the patient, should possess his respect and confidence. These must be acquired and retained by faithful attention to his malady, by indulgent tenderness toward the weaknesses incident to his condition, and by the exercise of firm but kindly authority. The physician is bound to keep secret whatever he may either hear or observe while in the discharge of his professional duties, respecting the private affairs of the patient or his family unless it is probable that such secrecy would result in harm to others, in which event it becomes his duty to protect the innocent party or parties.* And this obligation is not limited to the period during which the physician is in attendance on the patient. The patient should be made to feel that he has, in his physician, a friend who will guard his secrets with scrupulous honor and fidelity.

SEC. 3. The physician should visit his patient as often as may be necessary to enable him to acquire and keep a full knowledge of the nature, progress, changes and complications of the disease, and to do for the patient the utmost of good that he is able. But he should carefully avoid making unnecessary visits lest he render the patient needlessly anxious about his case, or expose himself to the charge of being actuated by mercenary motives.

SEC. 4. The physician should not give expression to gloomy forebodings respecting the patient's diseases, nor magnify the gravity of the case. Bearing in mind the almost infinite resources of nature, he should be cheerful and hopeful, both in mind and manner. This will enable him the better to exercise his faculties and apply his knowledge for the patient's benefit, and will inspire the patient with confidence, courage and fortitude, which are the physician's best moral adjuvants.

But it is the physician's duty to state the true nature and prospects of the case, from time to time, to some judicious friend or relative of the patient, and to keep this person fully informed of its changes and probable issue; and if the patient himself request the physician to disclose to him the nature and prognosis of his disease, it is his duty to state tenderly, but frankly, the whole truth—provided the patient be of sound mind and strong enough to receive the disclosure without serious injury. The patient has a right to know the truth. If, however, facts within the physician's knowledge lead him to believe that it is of great importance in relation to the patient's affairs, that he should be warned of the approach of death, it is the physician's duty to reveal to the patient's nearest friend, or to the patient himself, the true state of the case, and the importance of timely action.

SEC. 5. Whether the case proceed favorably, or become manifestly incurable, it is the physician's duty to continue his attendance faith-

*This sentence was the amendment of the Detroit Session in 1909. (J. A. I. H., February, 1910, p. 99.)

fully and conscientiously so long as the patient may desire it. He is not justified in abandoning a case merely because he supposes it incurable.

SEC. 6. As the patient has an undoubted right to dismiss his physician for reasons satisfactory to himself, so, likewise, the physician may, with equal propriety, decline to attend patients, when his self-respect or dignity seem to him to require this step; as, for example, when they persistently refuse to comply with his directions.

SEC. 7. In difficult or protracted cases consultations are advisable. They tend to increase the knowledge, energy and confidence of the physician, and to maintain the courage of the patient. The physician should be ready to act upon any desire which the patient may express for a consultation, even though he may not himself feel the need of it. Nothing is so likely to maintain the patient's confidence as alacrity in this respect. Moreover, such a course is but just to him, for he has an indisputable right to whatever aid or counsel he may think likely to be of service to him.

SEC. 8. The intimate relations into which the physician is brought with his patient give him opportunity to exercise a powerful moral influence over him. This should always be exerted to turn him from dangerous or vicious courses towards a temperate and virtuous life. The physician is sometimes called to assist in practices of questionable propriety, and even of a criminal character. Among these may be mentioned the pretense of disease, in order to evade services demanded by law, as jury or military duty; the concealment of organic disease or of morbid tendencies, in order to secure favorable rates of life insurance, or for deception of other kinds; and especially the procurement of abortion when not necessary to save the life of the mother. To all such propositions the physician should present an inflexible opposition. It is his duty, in an authoritative, but friendly manner, to explain and urge the nature, illegality and guilt of the proposed action, and to use every effort to dissuade from it, and to strengthen the patient's virtue and sense of right. The physician should be aware of the frequency of criminal abortion, and of the different methods employed for it, and should take every occasion to warn those who may be tempted to resort to it. In no case should the physician induce abortion, or premature labor, without a previous consultation, with the most experienced practitioners obtainable, nor without the most clear and imperative reasons.

Article II.—Duties and Obligations of Patients to their Physicians

SECTION 1. Physicians are required, by the nature of their profession, to sacrifice comfort, ease and even health, for the sake of their patients. Patients should reflect upon this, and should understand and remember that they have corresponding duties and obligations towards their physicians.

SEC. 2. The patient should select a physician in whose knowledge, skill and fidelity he can place implicit confidence; whose habits of life are regular and temperate, and whose character and demeanor are such that he can regard him as a personal friend. He must be able to con-

fide in him freely. And the physician should not be changed for light reasons. A physician thoroughly acquainted with the constitution, temperament and tendencies of a family can the more successfully treat them.

Sec. 3. The patient should always consult his physician as early as possible after he has discovered that he is ill. A disease which is trifling at its onset may grow formidable through neglect. The physician should be regarded as a confidential adviser, who, on being early consulted, may prevent a sickness.

Sec. 4. The patient should faithfully and unreservedly state to his physician the supposed cause of his malady, and tell him everything that may have a bearing upon its nature. Since the physician is under the strongest obligations to secrecy, the patient should not allow considerations of delicacy, modesty or pride to prevent an entirely frank statement of his case, and candid and full replies to interrogatories.

Sec. 5. The patient should implicitly obey his physician's injunctions as regards diet, regimen and medical treatment. If he deviate from these directions, he cannot hold the physician to a full responsibility in the case; and, further, by a partial obedience he incurs some personal risk, since, in the treatment of diseases, all parts of the physician's advice are made to harmonize, and each is dependent on the others and may be unsafe without the coincidence of the others. Moreover, he does the physician an undeserved, and often a serious wrong. If the patient have not sufficient confidence in his physician, and respect for him, to follow his directions, it were better for him to frankly say so, and to employ another in whom he can confide.

The patient should never allow himself, while under a physician's treatment, to take other medicines than those prescribed by him. He would, by so doing, incur a serious risk of taking medicines that are incompatible with each other. If desirous of trying any other mode of treatment it would be much better frankly to state the fact to his physician and ask his advice.

Sec. 6. The patient should, if possible, avoid receiving the friendly visit of a physician other than the one under whose charge he is. When he receives such visits he should avoid conversation on the subject of his disease, for an accidental observation might give him false impressions respecting his disease or destroy his confidence in the treatment he is pursuing. He should never send for a consulting physician without the express consent of his own medical attendant, for physicians can act together for the advantage of their patient only when they act harmoniously. Nor should he, by a secret appointment, constrain his medical attendant to meet another physician with whom he might not be willing to consult; but the patient has an undoubted right to have the opinion of any physician whom he may desire upon his case. His proper course is to request his medical attendant to arrange a consultation and frankly state his desire for the physician whom he may prefer. If his medical attendant decline the consultation it is then for the patient to determine whether he will insist and thus

dismiss his medical attendant, or whether he will defer to the judgment of his own physician. And the patient has a right thus to choose.

SEC. 7. If the patient wishes to dismiss his physician he should, in justice and in common courtesy, state his reasons, and, if possible, in a friendly manner. To dispense with the service of a physician need not, of necessity, change the social relations of the parties.

SEC. 8. The patient should, when practicable, send for the physician in the morning, before his usual hour for leaving home. He will, by so doing, secure his earlier attendance, and will enable him the better to apportion his time so as to do justice to all his calls and engagements. He should call on his physician during his office hours only, and should avoid disturbing him in hours devoted to meals, rest and sleep. And in receiving his physician's visits he should avoid compelling him to wait, even a few minutes. The aggregate of petty detention, while the patient is making some needless preparation to receive the physician, amount to a serious waste of valuable time.

PART II

Duties and Obligations of Physicians to the Profession and to Each Other

Article I.—Duties to the Profession

SECTION 1. Inasmuch as every member of the medical profession partakes of the honor in which it is held, and is entitled to its privileges and immunities and profits by the scientific labors of his predecessors and associates, it is his duty faithfully to endeavor, in his turn, to elevate the position of the profession, and, by every honorable exertion, to enrich the science of medicine.

SEC. 2. In no other profession should a higher standard of morality and greater purity of personal character be required. Physicians ought to come up to this standard and do what they may to exalt it. As the practice of medicine requires constant exercise of a vigorous and clear understanding, and as the practitioner should be, at all times, ready for emergencies in which the welfare and even the life of a fellow-creature may depend upon his steady hand, acute eye and unclouded brain, it is incumbent upon the physician to be temperate in all things.

SEC. 3. The physician should not resort to public advertisements or private cards or handbills, inviting the attention of persons affected by particular diseases or publicly offering advice and medicine to the poor *gratis*, or promising radical cures. Neither should he publish cases of operations in the daily prints, nor invite laymen to be present at operations, nor solicit or exhibit certificates of skill and success, nor perform any similar act.

SEC. 4. It is equally derogatory to professional character for a physician to hold a patent for any nostrum or any surgical instrument or appliance, or to keep secret the nature or composition of any medicine used by him. Such restriction or concealment is inconsistent with the beneficence and liberality which should characterize the medical

profession. But it is the duty of the physician to avail himself of every opportunity to observe the action and study the properties of new or secret remedies and new processes of preparing medicine as well as new modes of treating diseases, and to subject them to the analysis of scientific investigation. For the physician should always bear in mind that the great object of his profession is to cure the sick, and that it is not only admissible, but it is his solemn duty to investigate thoroughly and without prejudice whatever offers any probability of adding to his knowledge of the art and means of curing and of thus enriching the science of medicine.

Article II.—Professional Services of Physicians to Each Other

SECTION 1. All practitioners of medicine, their wives and children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them. Physicians, when ill, are incompetent to prescribe for themselves. The natural anxiety and solicitude which they feel for members of their own family when ill tend to obscure their professional judgment and make it difficult to treat them. Under these circumstances physicians are peculiarly dependent on each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. But visits should not be obtruded officiously or unasked upon a sick physician.

If, however, a physician in affluent circumstances, request the attendance of a distant professional brother and offer an *honorarium*, it is not proper to decline it, for one should not, even from a kindly motive, impose upon another a pecuniary obligation which the recipient would not wish to incur.

If a physician is called from any considerable distance the expense of travel, etc., thereby incurred should always be paid by the physician receiving the visit, and an *honorarium* may be tendered if time is consumed in making the visit.

Article III.—Duties of Physicians as regards Vicarious Offices

SECTION 1. Attention to his personal affairs, the pursuit of health and the various contingencies to which the physician is peculiarly exposed, sometimes compel him temporarily to withdraw from his duties to his patients and to request some of his professional brethren to discharge them for him. Compliance with such a request is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the physician relieved. And when this is done for a short period only all the pecuniary obligations for such services should belong to him. But if a physician neglect his business in quest of amusement and pleasure he is not entitled to the frequent and long-continued exercise of this fraternal courtesy without conceding to the physician who acts for him the fees accruing from the duties discharged by the latter.

SEC. 2. Obstetrical and surgical cases involve unusual fatigue and responsibility, and it is just that the fees accruing therefrom should belong to the physician who attends them.

Article IV.—Duties of Physicians in regard to Consultations

SECTION 1. A complete medical education, of which the diploma of a medical college is the formal voucher, furnishes the only presumptive evidence of the professional acquirements and abilities. But the annals of the profession contain the names of some who, not having the advantage of a complete medical education, became, nevertheless, through their own exertions and abilities, brilliant scholars and successful practitioners. A practitioner, therefore, whatever his credentials may be, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship, nor his aid rejected, when it is desired by the patient in consultation. No difference in views on subjects of medical principles or practice should be allowed to influence a physician against consenting to a consultation with a fellow practitioner. The very object of a consultation is to bring together those who may, perhaps, differ in their views of the disease and its appropriate treatment, in the hope that, from a comparison of different views, may be derived a just estimate of the disease and a successful course of treatment.

No tests of orthodoxy in medical practice should be applied to limit the freedom of consultation. Medicine is a progressive science. Its history shows that what is heresy in one century may and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or "regularity." It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee:

1. A truly fraternal good will and fellowship among all who devote themselves to the care of the sick.

2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science—as it exists in all sects and schools of medicine—as the essential qualification of a physician.

3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness intrusted to his care.

The physician may, with propriety, decline to meet a practitioner of whose inimical feelings toward himself or of whose general unfairness in consultations he is satisfied. But in such a case he should explain to the patient his reasons; and if the patient desire the opinion of the practitioner objected to the family physician may withdraw from the case and allow the other to be sent for. But in justice to the latter the state of affairs should be explained to him at the time he is requested to visit the patient.

SEC. 2. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations together; and this is

generally practicable, for society allows the plea of professional engagements to excuse the neglect of all others, and to be a valid reason for the relinquishments of any present occupation. But as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period of time, after which the consultation should be considered postponed to a new appointment. If it be the attending physician who is present he will, of course, see the patient and prescribe; but if it be the consulting physician he should retire without seeing the patient, except in case of emergency, or when he has been called from a considerable distance, in which case he may examine the patient and give his opinion in writing and under seal, to be delivered to the attending physician.

Sec. 3. In consultations no rivalry or jealousy should be indulged in. Candor, probity and all due respect should be exercised toward the physician in charge of the case. If the consulting physician cannot agree with him respecting the nature and proper treatment of the case the physician should state this fact to the patient or his nearest friend, both physicians being present at the time, and should request him to select the one in whom he has most confidence. But if they agree sufficiently to take joint charge of the case, then the consulting physician must justify and uphold, so far as he can conscientiously do so, the practice of his associate, and must abstain from any hints, insinuations or actions which might in any way impair the confidence which the patient reposes in him, or affect his reputation. He must refrain from any extraordinary attentions or assiduities calculated to ingratiate himself in the patient's favor to supplant his associate.

Sec. 4. In consultations the attending physician should first put the necessary questions to the patient. After this the consulting physician should make such additional inquiries and examinations as may be needed to satisfy him of the true nature of the case. But he should avoid making a parade of examining the patient more thoroughly than had been done before, rather suggesting to the attending physician wherever it is possible, to make whatever examinations he desires, than making them himself. Both physicians should then retire to a private room for deliberation.

Sec. 5. In consultations the attending physician should deliver his opinion first; and, when there are several consulting physicians, they should express their opinions in the order in which they have been called in. Should an irreconcilable diversity of opinion occur, when more than two physicians meet in consultation, the opinion of the majority should be regarded as decisive; but, if the number be equal on each side, the decision should rest with the attending physician. If two physicians, in consultation, cannot agree they should call in a third to act as umpire. If this be not practicable the patient must be requested to select the physician in whom he is most willing to confide. The physician who is left in the minority should, without any ill-feeling, retire from the consultation and from any further participation in the management of the case; and, in justice to the physician

thus retiring, the fact of his difference from his associates should, in the presence of all the physicians attending, be explained to the patient as his reason for withdrawing from the case.

SEC. 6. The attending physician should communicate to the patient or his friends the directions agreed upon in the consultation, as well as any opinion which it may be thought proper to express. But no statement or discussion should take place before the patient or his friends, except in the presence of all physicians attending, and by their common consent. And no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence. No decision arrived at in a consultation is to be regarded as restraining the attending physician from making such variations in the treatment as any subsequent change in the case may demand. But such variation, and the reason for it, ought to be carefully noted at the time, and detailed at the next meeting in consultation. The same privilege belongs also the consulting physician, if he is sent for in an emergency when the attending physician is out of the way; and similar explanations must be made by him at the next meeting.

SEC. 7. Sometimes a special consultation is desirable in cases in which the continued attendance of two physicians might be objectionable to the patient. The consulting physician, in such a case, should sedulously avoid all further unsolicited attendance. Such consultations require an extraordinary outlay of time and attention, and, at least, a *double honorarium* may be reasonably expected.

SEC. 8. The consulting physician cannot, with propriety, take exclusive charge at any time of the patient in whose case he has been called in consultation without the consent of the attending physician, except in cases provided for by the third sentence of Section 3 and by the fourth sentence of Section 5, of this article.

Article V.—Duties of Physicians in Cases of Interference

SECTION 1. Medicine is a liberal profession, and those admitted into its ranks should base their expectations of success upon the extent of their qualifications, not upon intrigue artifice. A physician should not allow himself to feel envious or jealous of a brother practitioner. The distinction which one successful physician wins is shared by the whole profession. Nor should a physician suffer himself to feel ill-will towards another who may come into his neighborhood and appears likely to take a share of the business which he has hitherto enjoyed. Such feelings are inconsistent with the beneficent and liberal nature of the profession. Liberality and true generous fraternity in thought, word and deed will unite the interests of all the members of the profession, and will so exalt the estimation in which it is held in the community that, confidence being increased, business will likewise increase; and to physicians will be accorded the position which, of right, should be theirs, that of confidential family advisers in all matters pertaining to the care of the body in health no less than in sickness.

SEC. 2. The physician, in his intercourse with a patient who is under the care of another practitioner, should observe the strictest cau-

tion and reserve. No meddling questions should be asked in any interview for business or friendship, no disingenuous hints thrown out relating to the nature and treatment of his disorder; nor should the patient be allowed to converse upon these topics. No course of conduct should be pursued which might, directly or indirectly, tend to diminish the trust reposed in the physician employed.

Sec. 3. A physician should not take charge of a patient who is, or has recently been, under the charge of another practitioner in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or has been regularly notified that his services are no longer required. Under such circumstances no unjust or illiberal remarks should be made or insinuations thrown out in relation to the treatment pursued by the previous physician. Nor should the physician permit the patient unreasonably to find fault with his predecessor, for patients often become dissatisfied with their attention on account of the mere duration of a case which no degree of professional knowledge or skill could have shortened.

Sec. 4. In cases of accident or sudden emergency one or more physicians are often sent for by alarmed friends. Courtesy should assign the patient to the first of these that arrives; and he should select from those present such additional assistance as he may deem necessary. But he should also request the family physician (if there be one) to be sent for, and on his arrival, resign the case into his hands. The practitioner of the patient, when he arrives, should take the place of any one called in his absence. "The practitioner of any patient" is the man whom he has in any way given to understand that he regards him as his medical adviser, or who would now be in charge of the case were it not for his absence, sickness or other disability.

Sec. 5. In a sparse population, a physician, when visiting a sick person, may be desired to see, in an emergency, a neighboring patient, who is under the regular charge of another physician. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere as little as possible with the general plan of treatment; to assume no farther direction of the case unless it be expressly desired; and in the latter case to request an immediate consultation with the practitioner previously employed.

Sec. 6. A wealthy physician should not give advice *gratis* to the affluent, because his so doing is an injury to his professional brethren. The office of the physician can never be supported as an exclusively beneficent one, and it is defrauding, in some degree, the common fund when fees are dispensed with which might justly be claimed.

Sec. 7. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished in the absence of the former, the latter is entitled to the fee, but he should resign the patient to the practitioner first engaged.

Article VI.—Of Differences between Physicians

SECTION 1. Diversity of opinion and opposition of interests may, in the medical, as in other professions, sometimes occasion controversy and even contention. When such cases occur and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court medical.*

Article VII.—Of Pecuniary Acknowledgments

SECTION 1. Some general rules should be adopted by the physicians in every town or district relative to pecuniary acknowledgments from patients. These should be adhered to by physicians as uniformly as circumstances will permit. They serve, likewise, as a standard to which appeal may be taken in case of doubt or dispute.

SEC. 2. Members of the medical profession have been so uniformly in the habit of attending, gratuitously, the indigent sick, and, in general, of answering every call promptly and without a question as to whether they are to receive remuneration therefor, that many persons seem to think they have a right to demand the services of physicians, and do, in fact, call upon them freely, and neglect or refuse to render any pecuniary equivalent, although abundantly able to do so. They impose upon one physician in this way until they have exhausted his patience, and then call upon another; and thus, in the course of a few years, make the circuit of the profession in their neighborhood. It is proper for the physicians of a community to make a list of the names of such individuals, and to demand, before visiting those whose names are on it, adequate security that their *honorarium* will be paid.

PART III

The Reciprocal Duties and Obligations of Physicians and the Public

Article I.—Duties of Physicians to the Public

SECTION 1. As good citizens, it is the duty of physicians to be vigilant for the welfare of the community and to bear their part in sustaining its institutions and burdens. They should be always ready to give counsel to the public in relation to matters appertaining to their *profession*, as for example, on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations, the location, arrangements and dietaries of hospitals, asylums, schools, prisons and similar institutions; in relation to the medical police of towns, drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases. And, when pestilence prevails it is their duty to face the danger and to continue their labors for the alleviation of suffering and the saving of life, even at the risk of their own lives.

SEC. 2. Physicians should always be ready, when called on by the proper authorities, to enlighten coroners' inquests and courts of justice on matters strictly medical, such as involve questions relating to insanity, legitimacy, or sudden and violent deaths, and in regard to the various other subjects embraced in the science of medical juris-

prudence. But, in these cases, and especially where they are required to make post-mortem examinations, it is just and right, in consequence of the time, labor and skill required and the responsibility and risk they incur, that the public should award them more than a mere consulting fee.

SEC. 3. There is no profession, by the members of which eleemosynary services are more freely dispensed than they are by physicians; but justice demands that some limits should be placed to the claims upon such offices at their hands. Poverty, professional brotherhood, the benevolent and scantily remunerated occupation of the individual patient, and certain of the public duties referred to in Section 1 of this Article, should always be recognized as presenting valid claims for gratuitous services. But neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purpose, nor any profession of occupation can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, or perform military duty, or to certify to the state of health of parties wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to indigent persons such professional services should always be cheerfully and freely accorded.

Article II.—Obligations of the Public to Physicians

SECTION 1. The benefit accruing to the public, directly and indirectly, from the active and constant labors and beneficence of the medical profession are so numerous and important that physicians are justly entitled to the utmost consideration from the community. The public ought, likewise, to entertain a just appreciation of the proper qualifications of a practitioner of medicine; to make a due discrimination between true science and the assumption of ignorance and empiricism; to afford every encouragement and facility for the acquisition of medical education, and not to allow the provisions of their statute books or of the prospectus of their chartered institutions to interpose any obstacles to the attainment of the fullest knowledge of every branch of medical science, or in any way, to restrain the most entire freedom of thought, investigation and action in matters appertaining to the practice of medicine.

Comment on the Amendment of 1909. (J. A. I. H., February, 1910, page 99.)

The vote was taken upon recommendation of the committee on resolutions, acting upon a resolution offered by the Bureau of Sanitary Science. It was an epoch in medical ethics and warrants repetition of Dr. James C. Wood's comment in the session cited:

Dr. Wood (Cleveland): I am the author of this child and I stand here responsible for it. It is the outcome of a paper which I read before the Bureau of Sanitary Science, entitled "The Tragedy of the Gonococcus." In that particular paper I cited four clinical cases com-

ing under my observation in which, in each instance, the unsuspecting bride was infected by a man who was supposed to have been pure, affected by gonorrhœa, and in each instance the termination was the tragedy I gave. These four cases are typical of a large number in my case records and in those of every specialist, and every physician knows they are altogether too common. My idea in this resolution is to remove the shackles from the Code of Ethics which has long kept us from revealing to the innocent party or parties certain conditions after we have exhausted every threat to keep the young man from entering into a marriage contract when he is unfit morally and physically to enter into such a contract. So far as the legal aspect is concerned, I have gone into this question very carefully and I cited in my paper the legal opinion from the attorney of the Physicians' Defense Company, of Fort Wayne, Ind., and I consulted a number of my personal legal friends and in each instance I got the opinion that there was nothing in the legal enactment of the various states to prevent us from revealing information of this kind if we deemed it absolutely necessary, so that we are not hampered in any way by legal enactments. If we, of course, report falsely in a given case we would be held legally, but if we give true information there is no legal act in any state in the Union that would prevent us from giving such information or hold us from so doing. I think it is time, ladies and gentlemen of the Institute, we took more positive action in this matter. It is a question which must be handled with discretion and care and no man for his own protection would handle it in any other way. But it is time we took notice of the terrible conditions prevailing regarding gonorrhœa and other diseases, and the manner in which they are affecting unsuspecting women and young girls.

THE COLLEGE EXHIBITS AT BALTIMORE

The Homœopathic College of the State University of Ohio had a unique, curious and confirmatory (confirmatory of the universal Law of *similia*) exhibit. It consisted of about sixty pathological specimens from animals on whom the various drugs had been tried, as, for instance, the fatty degeneration of various organs actually produced by *Phosphorus*. This exhibit goes far to prove to the most skeptical that in big doses the drugs will actually produce the conditions that the small dose will cure, which, as said before, proves the truth of Homœopathy. This display was a most interesting one and brought homœopathic "imagination" right down to earth so that the most materialistic could *see* its truth. Dr. A. E. Hinsdale and his assistants worked up this remarkable display.

Hahnemann Medical College, of Philadelphia, had another exhibit the like of which was never seen before, namely, about eighty or ninety potted and growing plants used in medicine, *Belladonna*, *Bryonia*, *Aconite*, *Chamomilla*, *Dulcamara*, *Baptisia*, and others. The energetic Dr.

W. F. Baker, Professor Borneman, and Dean Pearson presided over this botanical display, which did them credit.

The New York Medical College and Hospital for Women had quite a fine exhibit under charge of Grace I. Harper, the most attractive of which was a large number of water colored drawings of plants used in medicine. They were really well done, and as true to nature as water colors could make them. Asked how many students this college, so little known, had, Miss Harper replied that on the average they had from forty to fifty, and added that it was the place for young women to go who wanted to study medicine.

The Boston University and School of Medicine had a remarkable display of gall bladders full of stones, about 35. Looks like there was a big field for higher Homœopathy here, to learn the prevention of these formations for, after looking at them, even the most ardent homœopath would hardly attempt the dissolution of the stones displayed.—*Homœopathic Recorder*, July, 1916.

Poison Ivy. Poisoning from poison ivy is caused by an oil that exudes from every part of the plant, including the leaves, stems, blossoms, berries and roots. Prompt removal of that poisonous oil by the use of strong soap or alcohol will remove the source of the poison. And if this be done immediately after handling the ivy, no bad results will follow. The arms and hands should be washed downward with strong soap—laundry soap preferable—then treated with alcohol and bound with gauze bandages.

Should the infection not be discovered until it has made its appearance, the same treatment should be followed, keeping the parts well bandaged and avoid scratching, as this only means the infection of new surfaces.

Poison ivy is easily distinguished on account of its always having three leaves in a cluster and is sometimes known as three-leaf ivy. It always grows rank and luxuriant, and in the late fall bears a beautiful scarlet berry. On account of its beautiful foliage and the berries, people who are not familiar with it frequently gather it to take home. They would much better leave it alone. It is easily killed by frequent mowing, especially in August. If all vacant lots were kept mowed, the ivy would do little or no harm. Treating with salt will also kill the plants; incidentally, it will kill all other kinds of vegetation alco.—*Chicago Health Bulletin.*

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Transactions of the Homœopathic Medical Society of the State of New York. 1915. Edited by the Secretary, Bert B. Clark, M. D. The secret of the best sort of organization work lies in a sentence of the veteran of Ithaca, Dr. John L. Moffat: "If one would love an institution or society, let him work for it." The member who goes into organization work for self-aggrandizement, may achieve his end, but only he who *works for the institution* loves it. A useful page is devoted to Openings for Practice in towns of a population of two thousand or more.

Annual Report of the Hospital and Dispensary. New York Medical College and Hospital for Women. 1915. The board of trustees under the presidency of Mrs. John Francis Yawger, report service to 1,247 patients during the year with total expense of $44,522.88.

Quarterly Bulletin. Michigan State Library. October-December, 1915. The Library Extension Movement, through the endorsement and co-operation of the Michigan Federation of Women's Clubs, has become an important factor in rural life.

Range Extension of Ceanothus Sanguineus. Oliver A. Farwell. Department of Botany, Parke, Davis & Company.

Abolish the Fahrenheit Thermometer. Albert Johnson, Washington, D. C.

Bacterial Flora of Trees and Men. Stephen J. Maher, M. D., Hartford, Conn. A consideration of all bacterial life with special reference to the tubercle bacillus.

The Acid Test. A Tribute to Hahnemann and Homœopathy. A. Pulford, M. D.

Obesity: Its Related Pathology. Luella E. Axtell, M. D. Reprint from Jour. of the Mich. State Society.

The Business of the Modern Hospital. W. Franklin Baker, M. D. Reprinted from The Trained Nurse and Hospital Review.

Lahore Homœopathic Medical College. 1916. Calcutta. Presidential Address. Sarat Chandra Ghose, M. D.

Surgical Treatment of Cancer of the Uterus. Charles E. Sawyer, M. D., F. A. C. S.

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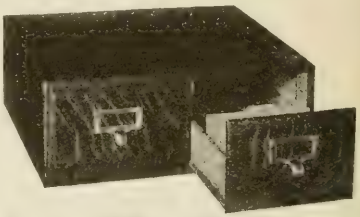

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4. What alterations in function occur as a result of glaucoma? As a result of gastric ulcer?
5. State briefly the pathological condition in each: (a) hemophilia, (b) arterio-sclerosis, (c) aneurysm, (d) thrombus, (e) varicose veins.
6. Outline the laboratory tests which should precede any exploratory laparotomy.
7. Enumerate the things sought for in a complete urinalysis. Give the urinary findings which diagnosticate each of two diseases.
8. Given a case of progressive debility, occurring without fever in the prime of life, outline the laboratory tests which might establish the diagnosis.
9. What laboratory proceedings would aid you in determining the etiology and prognosis of synovitis? cerebro-spinal meningitis? pharyngitis? conjunctivitis?
10. What is the pathologico-physiologic significance: (a) of low and (b) of high blood pressure? (c) of hyper— and (d) of hypo-thyroidism?

MEDICAL AND SURGICAL

Second Session—Wednesday, July 12th, 1916—9 A. M.

Symptomatology, Diagnosis, Toxicology, Medical Jurisprudence

1. Enumerate the conditions which might be indicated by the presence of blood in the faeces. How would you determine the possible source?
2. Given a persistent cough, outline the conditions which may produce the same. Differentiate any two.
3. Enumerate the conditions which may be indicated by the presence of oedema in the legs. Explain how this is brought about.
4. State the physical signs, symptoms and laboratory tests of (a) incipient pulmonary tuberculosis, (b) the advanced stages of pulmonary tuberculosis.
5. Enumerate the symptoms of gonorrheal arthritis. Name two other diseases that simulate it and differentiate them.
6. (a) Enumerate the symptoms of follicular tonsilitis. (b) Differentiate the throat symptoms of scarlet fever and diphtheria from it. (c) Name three sequelae which may follow it.
7. Enumerate the symptoms of endocarditis. Differentiate them from typhoid fever and malarial fever.
8. Enumerate the symptoms of aconite poisoning and contrast it by the symptoms from opium poisoning.
9. What antidotal treatment would you employ in carbolic acid, toadstool, corrosive sublimate, aconite and in opium poisoning?
10. Describe in detail the appearance of a child born alive at full term; of one born dead at full term; and of one having died previous to birth.

MEDICAL AND SURGICAL

Third Session—Wednesday, July 12th, 1916—2 P. M.

Obstetrics and Gynecology, Physiological Chemistry

1. Outline the treatment of (a) ophthalmia neonatorum, (b) vulvitis in children up to five years of age. Discuss both these lesions as to (a) origin, (b) results.
2. Discuss early carcinoma of the (a) female breast, (b) cervix uteri, and (c) fundus uterio, as to (a) diagnosis, (b) metastasis, (c) treatment.
3. Given a woman three months or less normally pregnant, discuss the case from the viewpoint of (a) diagnosis,

(b) differentiation from ectopic gestation.

4. State in detail how you would suspect an oncoming attack of eclampsia. Discuss the management of a pregnant woman with the purpose of preventing such an attack.

5. On what indications would you resort to version? Outline the technic.

6. In cases of labor discuss the use of (a) anesthetics (general and local), (b) ergot, (c) the forceps, (d) the vaginal douche, (e) local examinations, (f) pituitin.

7. Discuss the diagnosis of (a) placenta previa, (b) premature detachment of a normally situated placenta, (c) ruptured uterus.

8. How would a red blood corpuscle be influenced in the presence of (a) water, (b) 0.9% sodium chloride solution, (c) 10% sodium chloride solution? (d) Explain the observed phenomena.

9. In a patient with diabetes what urinary changes are common besides the presence of sugar? Discuss their significance.

10. Outline the most important differ-

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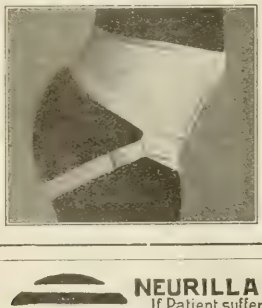

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MEDICAL AND SURGICAL

Fourth Session—Thursday, July 13th, 1916—9 A. M.

Anatomy—Surgery

1. Give a classification of burns. Outline the treatment appropriate to each class. State the immediate and remote dangers from burns.
2. Discuss prostatic hypertrophy, stating varieties, sequelae, symptoms and treatment. (Omit details of technic.)
3. Discuss strictures of the urethra, stating the causes, varieties, and methods of treatment. (In outlining the various methods of treatment, omit details of technic, but state the reasons for the employment of each, and the type of stricture to which the procedure recommended is especially applicable.)
4. In performing an operation for the radical cure of indirect inguinal hernia in the male, give the surgical anatomy of the parts. State in order the structures incised and separated, and the structures sutured. (Omit technic.)
5. Outline the methods of examination that you would employ to determine whether there existed a luxation or a fracture at the hip joint. State all the anatomical landmarks and measurements to be considered.
6. In osteomyelitis, what are the more usual causes? What are the early symptoms of this condition? What is the surgical treatment?
7. Enumerate (a) the symptoms and (b) the complications that may ensue from the presence of gall stones.
8. Describe the technic of intubation of the larynx.
9. If you were called to attend a person having an indefinite history of severe injury to the head, state the special conditions and symptoms you would look for. What tests should be made? Enumerate symptoms and conditions that would warrant exploration.
10. What symptoms and conditions would warrant the removal of the tonsils? Outline the technic of tonsilectomy.

MEDICAL AND SURGICAL

Fifth Session—Thursday, July 13th, 1916 2 P. M.

Practice, Materia Medica, Therapeutics, Hygiene

1. What are the main therapeutic indications for the use of ergot? Name three pathological conditions in which it might be administered, giving the dosage.
2. Outline the general management of a case of acute pleurisy without effusion. What medicinal treatment would you advise?
3. What hygienic and sanitary precautions would you institute tending to prevent the usual complications of whooping cough? Outline the treatment of such a case.
4. What special articles of diet would you prohibit in a case of chronic interstitial nephritis? What medicinal agents are (a) indicated, (b) contraindicated in that disease?
5. Describe the treatment of scurvy,—the kind occurring in adults as well as the infantile variety. What diet would you recommend in each variety?
6. Give a general outline of the rules of artificial infant-feeding, omitting proprietary foods.
7. Name three diseases in which belladonna or its active principle might be administered. Give dose of preparation used, and describe the symptoms that would indicate active physiological effects.
8. Name three diseases for the cure of which the modern serum treatment may be applied. Give an explanation of the action of the remedy in each case.
9. Outline briefly the treatment of (a) scabies, of (b) spasmodic croup and of (c) facial neuralgia. Give your reason for the employment of each remedy used.
10. Outline the ill effects that may be produced as the result of defective sanitation in school rooms.

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THE EDITOR WAS ON HIS VACATION

Orator: The American eagle, whether soaring over the dusty deserts of Mexico or skimming the broad Atlantic, will never draw in its horns or retire into its shell.—*Boston Transcript.*

DO YOU KNOW THAT

Intelligent motherhood conserves the nation's best crop?

* * *

Heavy eating, like heavy drinking, shortens life?

* * *

The registration of sickness is even more important than the registration of deaths?

* * *

The U. S. Public Health Service cooperates with state and local authorities to improve rural sanitation?

* * *

Many a severe cold ends in tuberculosis?

* * *

Sedentary habits shorten life?

* * *

Neglected adenoids and defective teeth in childhood menace adult health?

* * *

A low infant mortality rate indicates high community intelligence?—*U. S. Public Health Service..*

AMERICAN INSTITUTE OF HOMŒOPATHY EXHIBIT

One of the best indicators of the progress that has been made in the treatment of disease by means of biological remedies, such as antitoxins, serobacterins, bacterins, etc., seen at the annual meeting of the American Institute of Homœopathy, held at Baltimore, June 25th to July 31st of this year, was the exhibit of products of this nature arranged by the H. K. Mulford Company.

One of the most valuable assets to the practitioner shown in the exhibit was the display of diagnostic tests, including the Schick test for diphtheria, the Tuberculin test, the Typhoidin test for typhoid and the Luetin test for syphilis.

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The Treasury Department has information that well-to-do persons will not buy stocks and bonds unless the corporation that they buy from contracts to pay the income tax. The corporation selling the stocks and bonds agrees to do this, then adds the income tax to the retail price of its goods to the public. This suggests the report from Detroit that real estate men immediately advanced the price of rents when Henry Ford increased the wages of his employees.

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Alabama—Elwyn Ballard, Pres., Birmingham. Alfred M. Duffield, Sec., Huntsville

Arkansas—Ida J. Brooks, Pres., Little Rock. Scott C. Runnels, Sec., Little Rock.

California—Philip Rice, Pres., Physicians' Bldg., San Francisco. Guy E. Manning, Sec., 391 Sutter St., San Francisco. May, 1917, at Oakland.

Colorado—Carl D. Fisher, Pres., 633 Mack Block, Denver. J. C. Hornecker, Sec., 21 Nevada Bldg., Denver.

Connecticut—Eugene L. Bestor, Pres., Hartford. Richard Blackmore, Sec., Norwich.

Delaware—Chas. W. Hughes, Pres., 917 W. 8th St., Wilmington. Victor D. Washburn, Sec., 822 Washington St., Wilmington. Nov., 1916.

District of Columbia—Frank A. Swartwout, Pres., Iowa Circle, N. W. Louise Ross, Sec., 1801 Calvert St., N. W., Washington, D. C.

Idaho—H. M. Holverson, Sec., Boise.

Illinois—Richard H. Street, Pres., Chicago. G. M. Cushing, Sec., 6400 Harvard Ave., Chicago. May 8-11, 1917.

Indiana—Chas. R. Armstrong, Pres., Thorntown. Herbert Baker, Sec., Lebanon.

Iowa—A. C. Woodward, Pres., Decorah. John W. Cogswell, Sec., 400 Johnson Co. Bank Bldg., Iowa City.

Kansas—W. J. Gates, Pres., 702 Shukert Bldg., Kansas City, Mo. Clarence E. Kinley, Sec., 1963 Parallel Ave., Kansas City, Kansas.

Kentucky—E. B. Smith, Pres., Shelbyville. Alvin H. Seibert, Sec., 709 Starks Bldg., Louisville.

Louisiana—Frank H. Hardenstein, Sec., 702 Macheca Bldg., New Orleans.

Maine—H. H. Plumer, Pres., Union. John A. Hayward, Sec., Camden. June, 1916. Second Tuesday in June, at Augusta.

Maryland—M. Bowman Hood, Pres., 626 No. Gilmor St., Baltimore. Wm. D. Thomas, Sec., 330 N. Charles St., Baltimore.

Massachusetts—J. Emmons Briggs, Pres., 477 Beacon St., Boston. Edw. S. Calderwood, Sec., 223 Warren St., Roxbury.

Michigan—Luther Peck, Pres., Plymouth. A. B. Smith, Sec., Grand Rapids. Detroit in May, 1917.

Minnesota—A. G. Moffat, Pres., Howard Lake. Herman Kesting, Sec., St. Paul. Third Tuesday in May in Minneapolis or St. Paul.

Missouri A. C. Putnam, Pres., Marshall. F. F. Netherton, Sec., Clinton.

Nebraska—W. A. Cate, Pres., Nelson. Nellie M. Deffenbaugh, Sec., Fairmount.

New Hampshire—Fred S. Eveleth, Pres., Concord. Benj. C. Woodbury, Sec., 32 Middle St., Portsmouth.

New Jersey—C. F. Hadley, Pres., Camden. C. Herbert Church, Sec., 128 Prospect St., Passaic, N. J. Rudolph F. Rabe, Cor. Sec., 616 Madison Ave., New York.

New York—Geo. R. Critchlow, Pres., 647 Lafayette Ave., Buffalo. Bert B. Clark, Sec., 200 W. 86th St., New York.

North Dakota—J. G. Dillon, Pres., Fargo. F. Margaret Peake, Sec.-Treas., Grand Forks. 1917 meeting at Fargo in July.

Ohio—Thos. A. McCann, Pres., Dayton. Jay G. Keiser, Sec., 427 E. Long St., Columbus.

Oklahoma—S. B. Lesile, Pres., Okmulgee. W. W. Osgood, Sec., Muskogee.

Oregon—John H. Besson, Pres., Medical Bldg., Portland. David C. Breuer, Sec., 901 Stevens Bldg., Portland.

Pennsylvania—Jas. M. Heimbach, Pres., 127 Greeves St., Kane. Irvin D. Metzger, Sec., 2d Natl. Bank Bldg., Pittsburgh.

Rhode Island—Charles H. Finch, Pres., 62 Jackson St., Providence. Robert H. Whitmarsh, Sec., 70 Charles Field St., Providence. Quarterly Meetings: the 2d Friday of July, October, January, April.

South Dakota—E. W. Feige, Pres., Huron. George H. Fulford, Sec., Sioux Falls. June 1916.

Texas—D. B. Morrow, Pres., Dallas. Julia H. Bass, Sec., Austin.

Vermont—G. G. Hall, Pres., South Woodbury. George I. Forbes, Sec., 215 Pearl St., Burlington. The 4th Wednesday in May, at Montpelier.

Virginia—J. Leonard Jennings, Pres., Danville. Garnette W. Johnson, Sec., Danville. Next meeting, Dec., 1916.

Washington—Geo. W. Beeler, Pres. Chas. P. Bryant, Sec., 904 Cobb Bldg., Seattle. 1917 meeting at Bellingham in June.

West Virginia—A. A. Roberts, Sec., Wellsburg.

Wisconsin—John E. Guy, Pres., 307 Grand Ave., Milwaukee. Mary McC. Hopkins, Sec., Oconto. May 17 and 18, 1917, at Milwaukee.

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College Alliance, Royal S. Copeland, President, 58 Central Park, W., New York; Claude A. Burrett, Secretary-Treasurer, State University, Columbus, Ohio.

National Society of Physical Therapeutics, Harlan P. Cole, President, New York City; E. P. Mills, Secretary, Ogden, Utah.

O., O. and L. Society, W. H. Phillips, President, Cleveland, O.; Ira O. Denman, Secretary, 425 Ohio Bldg., Todelo, O.

International Homœopathic Council, John P. Sutherland, President; E. Petrie Hoyle, Secretary, 28 Charles St., Haymarket, London, S. W.

International Hahnemannian Association, Edwin A. Taylor, President, Chicago; Henry Becker, Sec., 1330 King St., Toronto, Canada; Philadelphia in 1916.

Southern Medical Association, Scott Parsons, President, St. Louis, Mo.; J. Leonard Jennings, Secretary, Danville, Va.

American Association of Clinical Research, Baltimore, James Krauss, Secretary, 419 Boylston St., Boston, Mass.

Society of Homœopathicians, George E. Dienst, President, Aurora, Ill.; Mary Lewis, Secretary, Philadelphia; Chicago in 1916.

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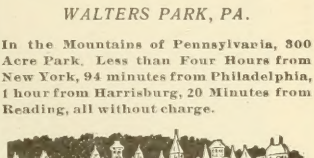

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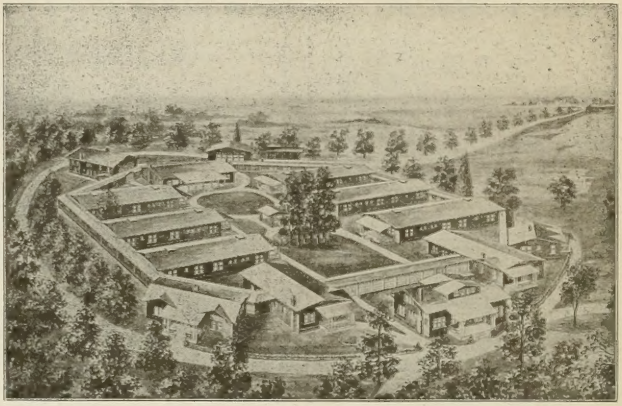

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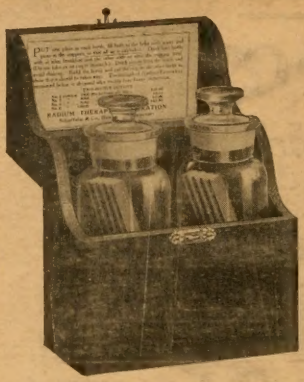

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